Quarterly Progress Report
October - December 31, 2013

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Prepared for
USAID/Zambia
United States Agency for International Development
ATTN: Ms. Joy Manengu, COTR
Ibex Hill, Lusaka
Zambia

Prepared by
FHI/Zambia
2055 Nasser Road, Lusaka
P.O. Box 320303
Woodlands
Lusaka, Zambia

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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
APN	-	Access Point Name
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART. Finally ZPCT II supports the expansion of MC sevices in 6 of the country's 10 provinces.

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II supported 428 health facilities (398 public and 30 private) across 45 districts this quarter. Key activities and achievements for this reporting period include the following:

- 186,952 individuals received CT services in 428 supported facilities. Of these, 133,595 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 53,357 women received PMTCT services (counseled, tested for HIV and received results), out of which 3,704 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 4,165
- 134 public and 24 private health facilities provided ART services and all 158 report their data independently. A total of 7,731 new clients (including 563 children) were initiated on antiretroviral therapy. Cumulatively, 187,211 individuals are currently on antiretroviral therapy and of these 12,973 are children.
- MC services were provided in 51 public and three private health facilities this quarter. 8,647 men were circumcised across the ZPCT II supported provinces this quarter.

- 502 health care workers were trained by ZPCT II in the following courses: 147 in CT, 226 in PMTCT, 24 in pediatric ART/OI , 50 in adherence counseling, 32 in ART commodity management (14 laboratory and 18 pharmacy), and 23 in equipment use and maintenance.
- 147 community volunteers trained by ZPCT II in the following: 85 in CT, and 62 in adherence counseling
- This quarter, all 18 refurbishment contracts for 2013 were signed and works have commenced.
- Luamfumu RHC, Mansa and ZNS Clinic, Kitwe have been dropped from the ZPCT II support through their respective recipient agreements effective October 1, 2013. The two sites will be supported by FHI 360 through the Zambia Defense Forces Prevention, Care and Treatment starting October 1, 2013. Data was collected from the two sites through September 30, 2013 and has been reported under last semi-annual reporting period. In addition, ZPCT II has replaced the dropped sites with Kalweo in Mpongwe, Copperbelt and Lwela in Milenge, Luapula
- ZPCT II participated in the National ART Update Seminar and the National Prevention Convention

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jan. – Mar. 2014)

The following activities are anticipated for next quarter (January – March 2014):

- Secure a contract modification to extend the LOP period for the ZPCT II project from May 2014 to August 2014
- Closeout amendments for 58 recipient agreements (one UTH, 45 DMOs, and 12 hospitals). In addition, complete the closing of the KCTT subcontract
- Distribution of the furniture, medical supplies, and laboratory equipment across the six ZPCT II supported facilities
- Continue the upgrade of SmartCare version V4.5.0.3 to V4.5.0.4 in all the ZPCT II supported sites that will require this service
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II will implement three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI
- Secure approval from USAID to dispose of used motor vehicles
- Monitor popART in Kabwe, Ndola and Kitwe
- Monitor SMGL in Mansa

TECHNICAL SUPPORT NEXT QUARTER (Jan. – Mar. 2014)

- John Pollock, Project Support Leader for MSH, will travel to Zambia from February 20 – 28, 2014 to provide technical support to the MSH team.
- Lowrey Redmond (Project Director) and Violet Ketani will travel to Lusaka for the impact assessment dissemination workshop in Kitwe and closeout of the capacity building program in February 2014.

ZPCT II Project Achievements August 1, 2009 to December 31, 2013

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct–Dec 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 2013)	Targets (Jan –Dec 2013)	Achievements (Jan –Dec 2013)	Male	Female	Total
1.1	***Counseling and Testing (Projections from ZPCT service statistics)***							
	Service outlets providing CT according to national or international standards	430	428 (398 Public,30 Private)	430	428 (398 Public,30 Private)			428(398 Public,30 Private)
	Individuals who received HIV/AIDS CT and received their test results	1,318,243	2,141,142	527,833	542,305	64,542	69,053	133,595
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)[1]	2,175,030	3,046,486	754,949	758,525	64,542	122,410	186,952
	Individuals trained in CT according to national or international standards	2,000	1994	488	413	57	90	147
1.2	***Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)***							
	Service outlets providing the minimum package of PMTCT services	410	415 (389 Public,26 Private)	410	415 (389 Public,26 Private)			415 (389 Public,26 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	905,344	227,116	216,220		53,357	53,357
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	86,490	23,100	17,413		4,165	4,165
	Health workers trained in the provision of PMTCT services according to national or international standards	4,200	4167	937	776	73	153	226
1.3	***Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)***							
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	428(398 Public,30 Private)	430	428(398 Public,30 Private)			428(398 Public,30 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)[2]	522,600	366,851	268,986	294,087	107,380	171,029	278,409
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	20,519	21, 409	19,476	9,539	9,639	19,178
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	2595	585	679	10	14	24
	Service outlets providing ART	170	158 (134 Public,24 Private)	170	158 (134 Public,24 Private)			158 (134 Public,24 Private)
	Individuals newly initiating on ART during the reporting period	135,000	134,858	37,487	30,735	3,034	4,697	7,731
	Pediatrics newly initiating on ART during the reporting period	11,250	10,084	2,893	2,135	263	300	563
	Individuals receiving ART at the end of the period	205,102	187,211	205,102	187,211	73,938	113,273	187,211
	Pediatrics receiving ART at the end of the period	14,121	12,973	14,121	12,973	6,460	6,513	12,973
	Health workers trained to deliver ART services according to national or international standards	2,500	2595	585	679	10	14	24
	TB/HIV							

[1] Next Generation COP indicator includes PMTCT

[2] **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	427(398 Public,29 Private)	430	427(398 Public,29 Private)			427(398 Public,29 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	21,862	6,051	4,241	574	451	1,025
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	2595	585	679	10	14	24
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	43,790	4,152	12,152	1,819	1,305	3,124
1.4	***Male Circumcision (ZPCT II projections)***							
	Service outlets providing MC services	55	54 (51 Public,3 Private)	55	54 (51 Public,3 Private)			54 (51 Public,3 Private)
	Individuals trained to provide MC services	390	390	80	80	0	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	79,553	20,000	37,282	10,127		10,127
2.1	***Laboratory Support (Projections from ZPCT service statistics)***							
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	120	130 (115 Public,15 Private)	120	130 (115 Public,15 Private)			130 (115 Public,15 Private)
	Laboratories with capacity to perform cli nical laboratory tests	145	167 (141 Public,26 Private)	145	167 (141 Public,26 Private)			167 (141 Public,26 Private)
	Individuals trained in the provision of laboratory-related activities	900	963	130	142	28	9	37
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	5,617,650	6,083,278	1,179,819	1,482,174			391,147
2.2	***Capacity Building for Community Volunteers (Projections from ZPCT service statistics)***							
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,200	2193	500	653	37	48	85
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1440	350	320	0	0	0
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	725	168	92	23	39	62
3	***Capacity Building for PHOs and DHOs (ZPCT II projections)***							
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	55	55	55			55
4	***Public-Private Partnerships (ZPCT II projections)***							
	Private health facilities providing HIV/AIDS services	30	30	30	30			30
				Gender				
	Number of pregnant women receiving PMTCT services with partner	N/A	296,028	86,652	83,397		21,849	21,849
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	707,693	N/A	185,747	20,696	27,905	48,601

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

1.1: Expand counseling and testing (CT) services

This quarter, CT services were provided in 398 public and 30 private facilities. A total of 133,595 clients were counseled, tested and received results. Of these, 16,392 clients were HIV positive and were referred for assessment for ART. In addition, The ZPCT II staff continued to provide technical assistance (TA) to HCWs and lay counselors to strengthen CT services, maintain a high uptake of testing and collection of same day results and strengthen the linkage to clinical care for ART services, family planning and MC in these supported sites. Our TA focused on:

- Couple counseling and testing: Couple CT remained a priority, especially for discordant and concordant positive couples. Mentorship of HCWs and lay counselors in the supported facilities was done to strengthen early linkages of such couples to care and treatment services in line with the current national HIV treatment guidelines. As a result, 133,595 CT clients and 53,357 PMTCT clients received CT this quarter. A total of 26,735 individuals received CT as couples. Of these 901 (507 CT and 394 PMTCT) were discordant couples and were referred for ART services.

- Integrating CT into other health services: Provider initiated CT in FP, STI, TB and MC services are ongoing. This quarter, 9,413 CT clients were referred for FP and 5,392 of them were provided with FP services while 18,407 FP clients were provided with CT services. As part of TB/HIV integration under CT services, 1,262 TB clients with unknown HIV status received CT services. A total of 9,646 uncircumcised male clients who tested HIV negative were referred for MC services.

- Mentoring HCWs and lay counselors in retesting of HIV negative CT clients: Mentorship of HCWs and lay counselors continued to support re-testing of all HIV negative CT clients after the three month window period as well as improve proper documentation through working with data entry clerks based at the facilities. A total of 37,586 clients were re-tested for HIV this quarter and 4,072 sero converted. Those who sero converted were linked to care, treatment and support services and risk reduction cousnelling provided to all.

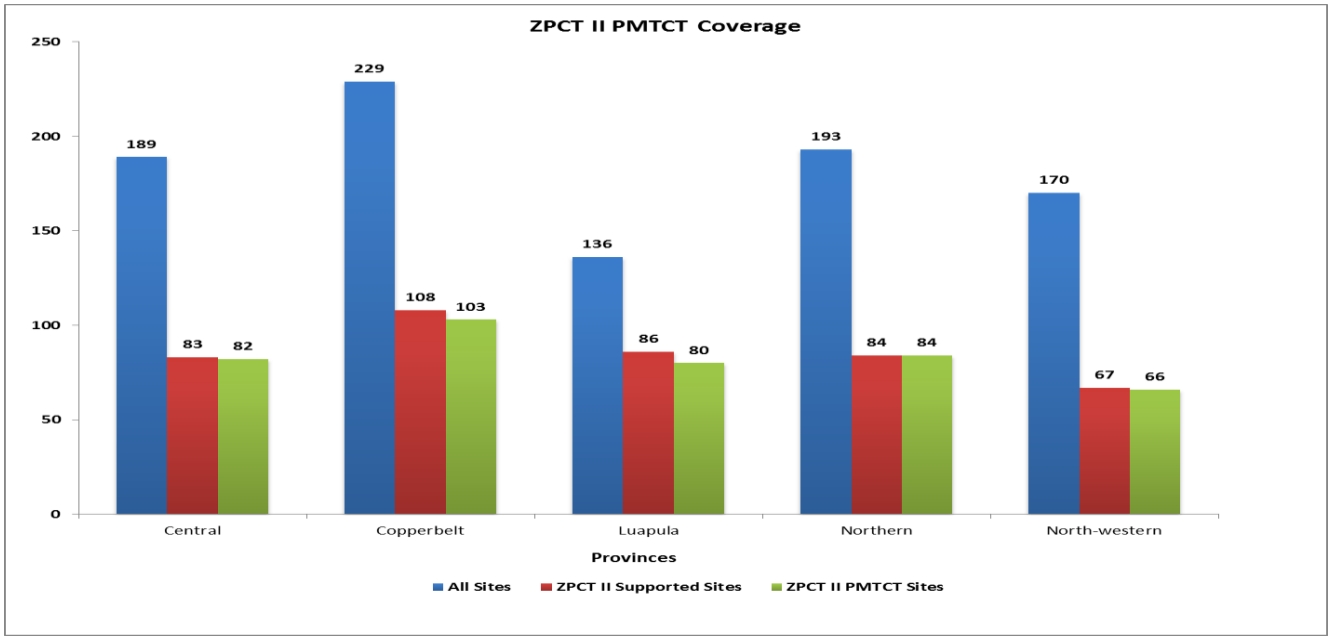
- Pediatric CT services: Provider initiated CT continued to be strengthened in both under-five clinics and pediatric wards through onsite mentorship of both HCWs and lay counselors. This quarter, 12,261 children were tested for HIV in under-five clinics and 8,247 in pediatric wards across the six supported provinces. Of these, 1,093 tested positive, received their test results and 667 were linked to care and treatment services and entered on Pre-ART. 563 children were commenced on ART.

- Screening for chronic conditions within CT services: Routine use of CHC checklists to screen for hypertension, TB, and diabetes mellitus in CT sites is ongoing. During this reporting period, a total of 17,247 clients were screened for chronic conditions in the CT services across 428 supported facilities.

- Integration of screening for gender based violence (GBV) within CT services: This quarter, screening for GBV in CT clients using the CHC checklists remained a priority. A total of 16,629 CT clients were screened for GBV and those that needed further support were referred to other service areas such as counseling, medical treatment, emergency contraception and legal aid.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

389 public and 26 private health facilities provided PMTCT services in the six ZPCT II supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



This quarter, 53,357 ANC clients were provided with PMTCT services. Of these, 3,704 were HIV positive and 4,165 received ARVs for PMTCT. Routine HIV testing in PMTCT services is ongoing using the opt out strategy.

ZPCT II technical staff continued to participate in national HIV prevention activities towards option B+ implementation which included review of the assessment results for the facilities assessed so far and consultative meetings on planning for roll out of Option B. The need to expedite the process for the implementation of B+ was emphasized during these national level meetings.

At national level, ZPCT II technical staff actively participated in the national conferences such as the 8th National research conference, 3rd HIV prevention convention and the 8th ART update seminar and presented two abstracts on dual protection in family planning and male involvement in PMTCT services. The abstract on male involvement in PMTCT services received the most innovative program award during the national HIV prevention convention.

Technical assistance during this period in PMTCT focused on:

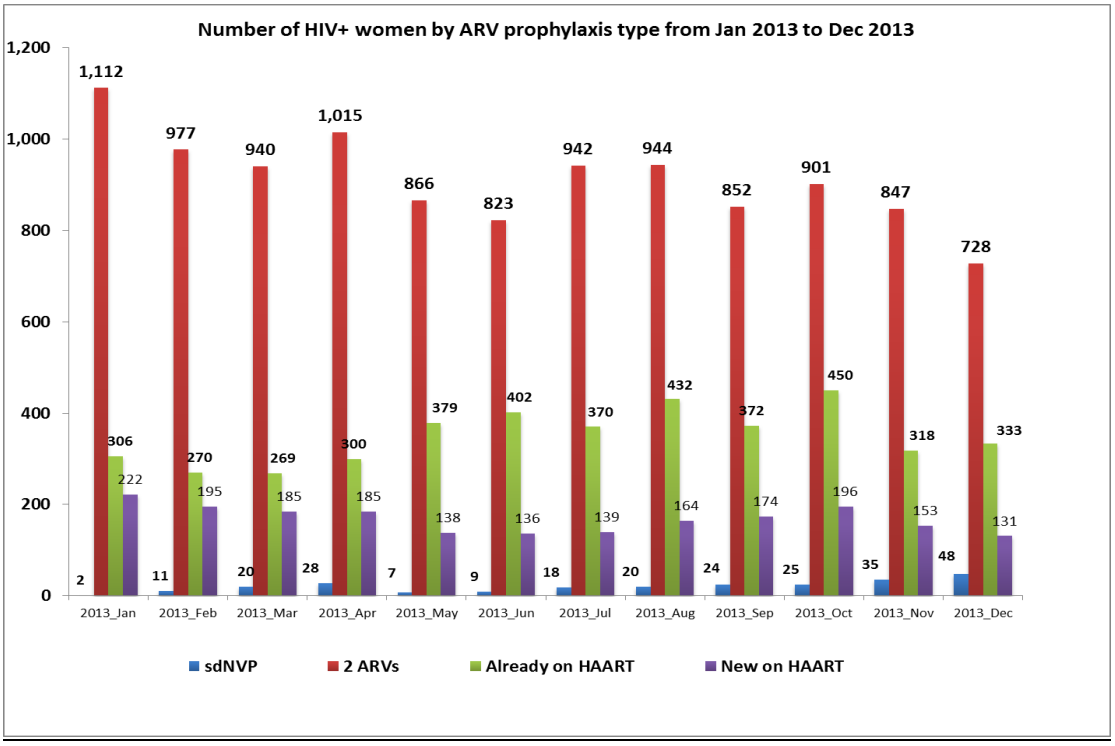
Access to CD4 assessment or WHO staging: This quarter, technical support to HCWs to improve access to CD4 on booking days for HIV positive pregnant women continued as the project waits for the transition to Option B+. Particular focus was on the need to improve documentation of CD4 results in the eMTCT registers. A total of 1,934 HIV positive women had their CD4 assessment done while 994 were assessed by WHO clinical staging.

- Provision of more efficacious ARV regimens for HIV positive pregnant women: Since Option B+ has not been sanctioned by MOH, ZPCT II continues to emphasize the need to provide combination ARVs to all HIV positive pregnant women based on existing guidelines. A total of 2,928 HIV positive pregnant women were assessed for eligibility by CD4 or WHO clinical staging; 687 were eligible for HAART and 564 were initiated on HAART. The rest of the HIV positive pregnant women that were ineligible for immediate HAART based on the current National PMTCT guidelines were provided with AZT/NVP combination in line with current guidelines. In some selected facilities, Atripla was given due to stock out of Zidovudine (AZT). The low stock of Zidovudine has been reported at the national level. ZPCT II technical staff has continued to work with the affected facilities to re-distribute the stock of Zidovudine from facilities with better stock and improve the availability of these important ARVs.

- Re-testing of HIV negative pregnant women: HIV retesting for pregnant women who test HIV negative early in pregnancy continue to be strengthened with focus on accurate documentation in the PMTCT registers. This reporting period, 15,258 pregnant women were re-tested for HIV compared to 15,794 in the previous quarter. Of those re-tested, 329 tested HIV positive (sero-converted) and were provided with

ARVs for PMTCT prophylaxis or referred for HAART according to their eligibility based on the current national PMTCT guidelines.

- Strengthening early infant diagnosis (EID) of HIV for exposed babies: Coordinated efforts with the DCMOs to improve access to EID for all exposed infants has continued in all ZPCT II supported facilities. As a result, a total of 5,771 samples were collected and sent to the PCR laboratory at ADCH from 242 health facilities providing EID services, out of which 205 were reactive (3.5%). Infants with positive DNA PCR results continued being tracked and referred to ART clinics for further management and initiation of HAART.



Other TA areas of focus under PMTCT included:

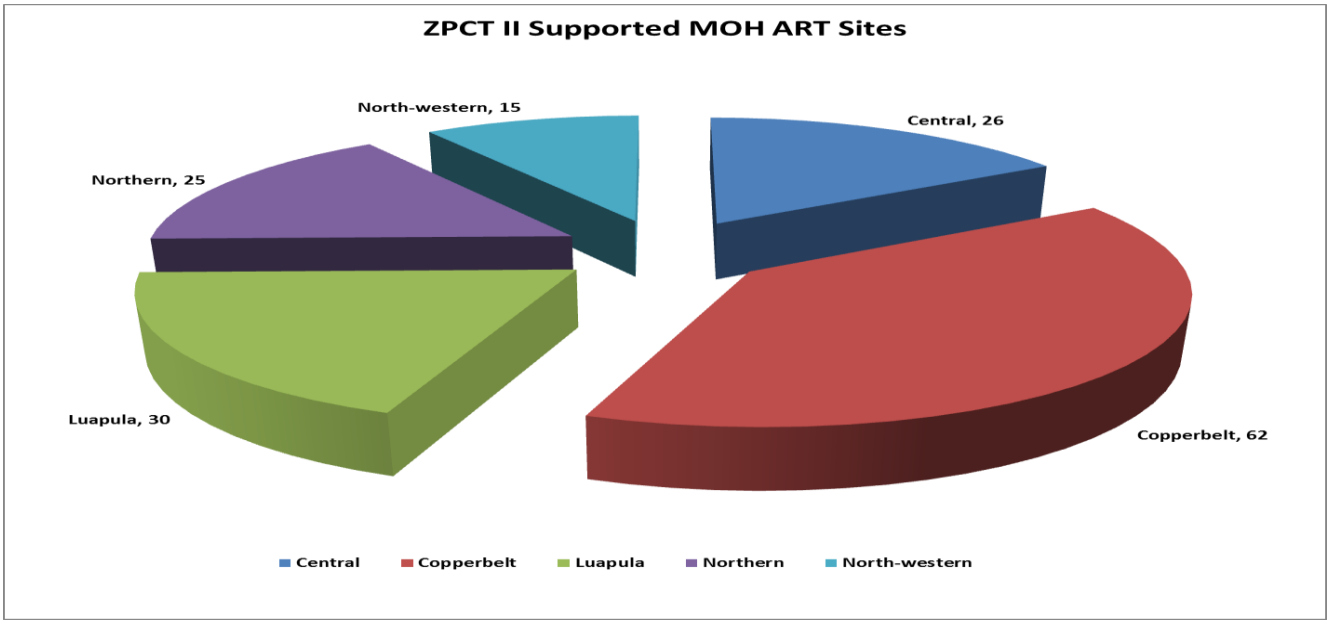
- Integrating family planning within ANC/PMTCT and ART services: Integration efforts have continued through mentorship and technical assistance to health care workers on the importance of FP counseling in PMTCT and ART to clients seeking these services. The providers were mentored on how to document PMTCT and ART clients referred for FP services and those receiving at least a FP method in the registers. ZPCT II is currently doing a pilot assessment on the effectiveness of the FP-HIV referral system by using a referral slip in 15 selected facilities in Central, Copperbelt and North-Western provinces. Data collection has been completed and data analysis is ongoing and an abstract is being finalized.

- Project Mwana to reduce turnaround time for HIV PCR results: The implementation is ongoing in selected facilities and the majority of sites. ZPCT II in collaboration with UNICEF is currently evaluating the effect of mHealth (Program Mwana) on the rate of ART initiation. Clients receive HIV positive results through mobile phone SMS from the reference laboratories for children below 18 months of age in all the six provinces.

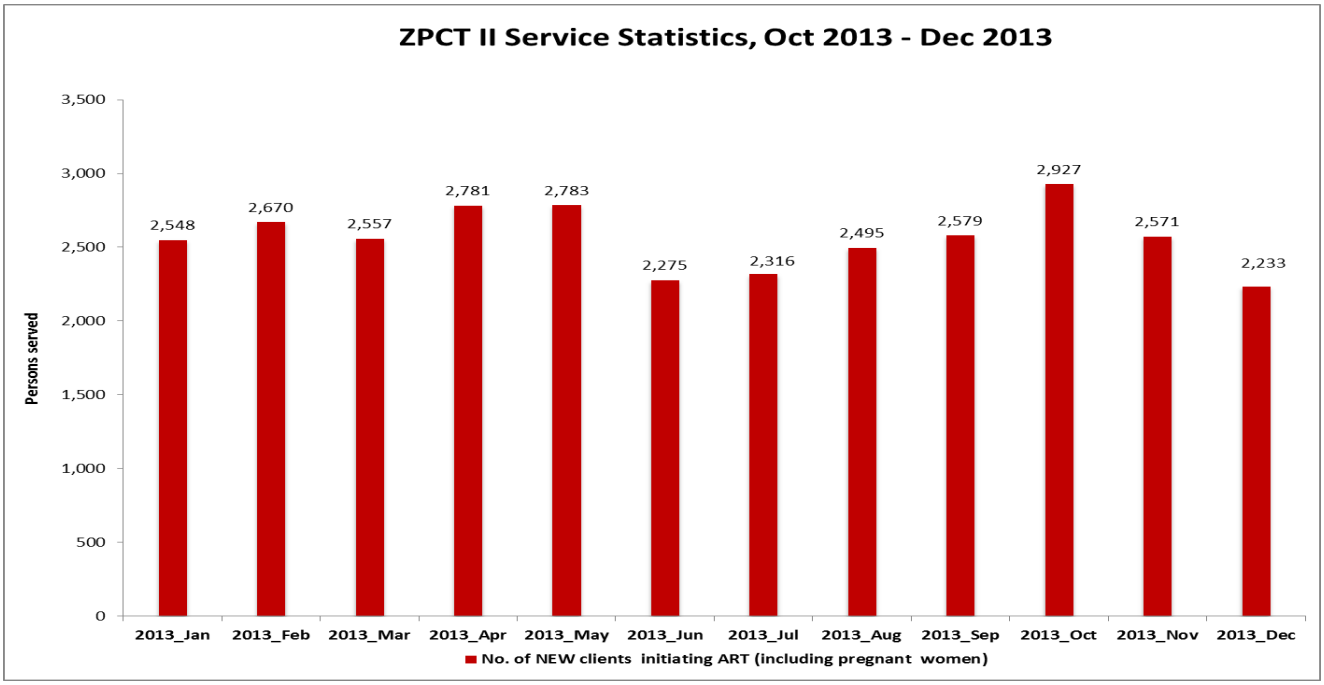
1.3: Expand treatment services and basic health care and support

ART services

158 public and 24 private health facilities provided ART services in the six ZPCT II supported provinces. All the 24 public ART facilities report their data independently.



7,731 new clients (including 563 children) were initiated on antiretroviral therapy this quarter, out of which 4,697 were females. This included 480 pregnant women that were identified through the PMTCT program – this is approximately 69.9% of all eligible HIV positive pregnant women. Cumulatively, there are now 187,211 patients that are receiving treatment through the ZPCT II supported sites, out of which 12,973 are children.



During this quarter, the TA focused on the following:

- Participation and progress in the development of Revised 2013 WHO HIV Management Guidelines: ZPCT II has been participating in the development of revised WHO 2013 HIV Management Guidelines. The process has reached an advanced stage and is nearing finalization in the next quarter. This will see more liberal ART initiation for various sub populations including children where eligibility will be expanded to include all children below 15 years, all HIV positive pregnant women and CD4 count eligibility for the general population raised from 350 to 500.

- HIV Nurse Practitioner (HNP) program: ZPCT II continued to provide technical assistance and hands on mentorship to trained HIV Nurse Practitioners (HNPs) in all the supported facilities. A number of them have been exempted from routine staff rotations and are stationed at ART clinics for continued smooth operation of ART service provision. Out of a total of 34 Nurses that have been trained as HNP to support ART service delivery especially in high volume sites across the supported provinces, 25 of them have

continued to work within the ART clinics, including MCH clinic A General Nursing Council (GNC) representative presented a summary of the HNP program evaluation report at the last ART Update meeting. Currently the report has been submitted to Ministry of Health.

- Web2SMS initiative: This is ongoing. One of the collective challenges with this activity is prompt access to data bundles for internet access. A suggested solution was being tried out which involves the use of the APN system. This technical approach has been agreed by ZPCT II IT unit with MTN and will allow health facility DECs to access FHI 360 internet services in order to send SMSs which will be more efficient. However, there has been little progress probably because of the holiday period. We hope this will be completed in the next quarter. However, the ZPCT II team continued to provide technical assistance in the complementary roles of Web2sms, fast tracked encrypted DBS results and the Mwana health program with regard to the detailed flow charts that were developed as job aids. These were developed to help facility staff and supervisors in managing the EID and patient tracking system processes.

- Post exposure prophylaxis (PEP): ZPCT II continued providing TA to the 334 facilities providing PEP services. All supported facilities were using the standard national PEP register for reporting and the standard full ART regimen for prophylaxis. Facilities identified with PEP exposure type II (occupational exposure) were provided with technical assistance in using infection prevention guidelines (IPGs). A total of 177 clients received PEP services during the quarter under review broken down as follows: exposure type I (sexual) 57, exposure type II (occupational) 94 and other exposure 26.

- Model sites: The model sites strategy was designed to enable selected facilities to provide high level of technical expertise in HIV care as well as serve as learning centres for other health care workers from facilities within the province or district. The experienced health workers at the model site mentor less experienced HCWs from other facilities in HIV prevention, clinical care and treatment services. These newly trained and mentored staff then return to their facilities to implement technical strategies in line with MOH guidelines. Currently ZPCTII is supporting 10 Model sites in five provinces: Central Province - Kabwe General Hospital and Kabwe Mine Hospital; Copperbelt Province - Ndola central Hopsital and Nchanga North General Hopsital; Luapula Province - Mansa General Hopsital and Samfya Stage II Clinic; Northern Province - Kasama and Mbala General hospitals; Northwestern Province - Solwezi Genreral hospital and Kabompo district hospital.

- During the quarter under review, ZPCT II supported mentorship activities across model sites in North Western(Solwezi Genreral hospital and Kabompo district hospital) and Luapula(Mansa General Hopsital and Samfya Stage II Clinic) provinces with the objective of updating HCWs with the latest information and upgrading their knowledge and skills in their respective technical areas. However, planned model site activities for the quarter were rescheduled to the first quarter of 2014 due to training activities that took precedent.

Pediatric ART activities

This quarter, ZPCT II supported the provision of quality pediatric HIV services in 158 ART sites. From these facilities, 563 children were initiated on antiretroviral therapy, out of which 156 were below two years of age. Of all the children ever initiated on treatment, 12,973 children remain active on treatment.

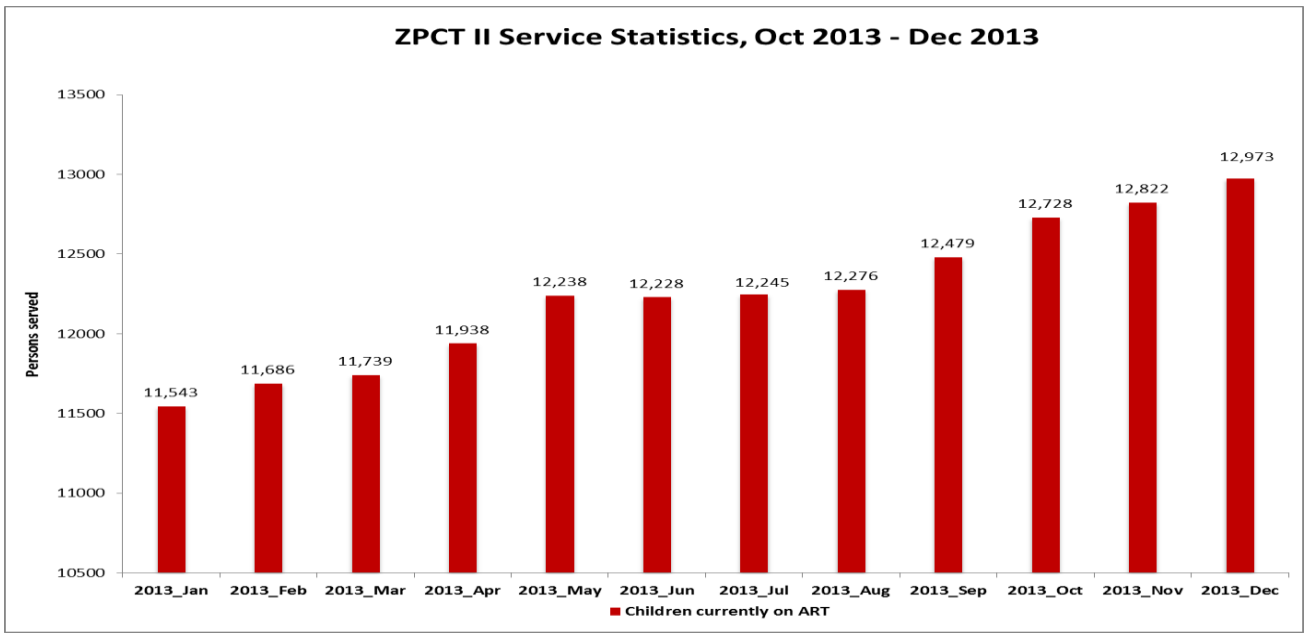
The focus of technical assistance by ZPCT II for pediatric ART included:

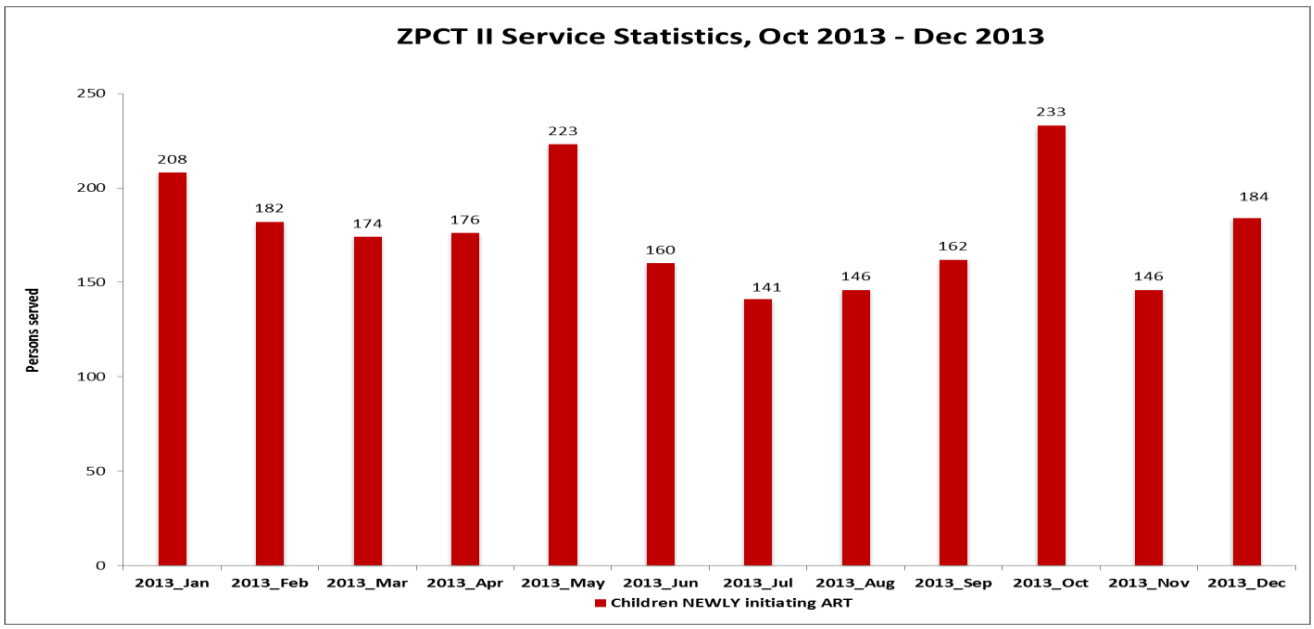
- Strengthening of early infant diagnosis of HIV and enrollment into HIV care and treatment: ZPCT II continued utilization of different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. Technical support was provided across the six supported provinces in the follow up and initiation on ART of DNA PCR positive babies.

- Adolescent HIV services: 12 adolescent HIV clinics were operational this quarter. Copperbelt, North-Western, Northern/Muchinga, Central and Luapula Provinces conducted the adolescent HIV support group meetings to address ART adherence, stigma, disclosure and sexual reproductive health challenges for adolescents. A total of 206 adolescents were initiated on ART during this period, while 15,072 were currently on ART.

- National SmartCare revisions activities: Next quarter, after the launch of revised 2013 HIV guidelines, SmartCare forms will be revised to accommodate expected changes in the national guidelines in line with patient management. This activity has been deferred to 1st quarter of 2014.

- National level activities: At national level, in collaboration with MOH and other partners, ZPCT II participated in the development of orientation package for option B+ (lifelong ART for pregnant and breastfeeding mothers). ZPCT II also participated in the training of trainers (TOT). ZPCT II was also involved in the consolidation of revised 2013 HIV guidelines. In collaboration with MoH, MCDMCH and other partners, ZPCT II actively participated in the 8th National ART update seminar.





Clinical palliative care services

398 public and 30 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 278,409 (including 19,178 children) clients received care and support at ZPCT II supported sites. The clinical palliative care package consisted of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI), screening for TB and pain management. In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: ZPCT II supported screening for selected chronic conditions in patients accessing HIV services. This quarter, 9,024 patients were screened for diabetes using the chronic HIV checklist.

- Nutrition assessment and counseling: ZPCT II supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 8,789 were assessed for nutritional status using BMI.

- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 8,364 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed such as those needing further counseling, shelter, economic empowerment support and paralegal services etc.

- Cotrimoxazole prophylaxis: This quarter, ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children, in accordance with the national guidelines. 6974 clients were put on cotrimoxazole prophylaxis, including 2,612 initiated on Cotrimoxazole through the PMTCT program.

1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services

ZPCT II supported 54VMMC sites (51 public and 3 private health facilities) in providing services according to the set national standards. Technical assistance, mentorship and supportive supervision were provided in the sites.During the reporting period, 10,127 men were circumcised (6,634 in static sites and 3,493 through outreach MC services). Out of these, 6,103 were counseled and tested for HIV before being circumcised (71.7 %).

- Mentorship and supervision of HCWs providing MC services: During the quarter technical assistance and mentorship was provided in all the 54 MC sites with a focus on improving the quality of MC services in delivery rooms with major setting up infection prevention procedures, integration with CT services and commodity management. Fourteen onsite orientation meeting were conducted for 19 hygiene assistants in two provinces namely Luapula and Central, and 29 onsite orientation meetings for 79 lay counselors in VMMC counseling and demand creation techniques.

- VMMC service quality improvement and quality assurance: To strengthen quality of VMMC services, ZPCT II has continued to ensure improvement in MC room space quality, infection prevention standards and data management and reporting. This reporting period, six refurbished mini-theater rooms were available for use resulting in improved quality of service. In addition, 11 supported MC health centres where equipped with water buckets for improving instrument processing as means for ensuring quality of infection prevention standards.

- Capacity building: This quarter, the training consultants from Surgical Society of Zambia (SSZ) conducted post-training follow-up visits for all 80 HCWS that received MC training in the supported health facilities across the six provinces. In addition, all provincial technical officers provided on-going supportive supervision to health care workers in order to strengthen the surgical skills of MC teams. Below are some capacity building activities that were carried out, focused on task sharing model for the support staff in MC supported sites:

    - Central Province: 12 onsite orientation meetings were conducted for 16 hygiene assistants in 17 facilities in the province, four of which are static sites. Most of the orientations were done as a preparatory measure for outreach activities in ZPCT II outreach supported sites. 21 onsite orientations for 43 lay counselors in VMMC counseling and demand creation techniques were carried out.
    - Luapula: Two onsite orientation meetings were conducted for three hygiene assistants in three facilities (Central, Senama & Samfya Stage II). Eight onsite orientations in VMMC were done for 136 lay counselors in counseling and demand creation techniques

- MC outreach activities: This quarter ZPCT II planned to conduct 38 VMMC outreaches, one outreach per district. Using this plan of implementation, ZPCT II successfully carried out ten MC outreach activities during the period despite competing national health programs such as child health week. As a

result of outreach activities in 10 districts across the supported provinces, a total of 2,350 men were circumcised.

- VMMC demand creation through community mobilization activities: ZPCT II participated in VMMC community promotion around 50 MC static sites, and five mobile VMMC promotion campaign programs with the PMO on community radio as part of sensitizing communities on MC.

- National level MC activities: ZPCT II participated and supported the hosting of the two-day national VMMC annual program review (APR) meeting. The APR meeting was focused on reminding provincial and district GRZ representatives of the need to take leadership in coordinating all VMMC partner activities, integrating the VMMC commodity supply chain, M&E, quality improvement systems and standardizing the training curriculum alongside the in-service training for Nurses & Clinical Officers. Additionally during the quarter ZPCT II participated in all national TWG meetings that focused on strengthening partner collaboration with GRZ. .

TB-HIV services

ZPCT II supported health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Intensified Case Finding (ICF) for TB continued in the supported health facilities with 16,673 patients seen in Clinical Care/ART clinics screened for TB, 1,025 patients receiving HIV care and treatment were also receiving TB treatment. 402 TB patients were started on ART. 1,262 of the 1,664 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.

- TB and HIV co-management: ZPCT II staff mentored and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated this quarter. Trends showed that 265 (66%) of clients were initiated on ART within 60 days of starting TB treatment compared with 137 initiated after 60 days while 189 (47%) TB patients were initiated on ART within 30 days of commencing TB treatment. Further work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.

- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts on implementing the one stop services for TB and HIV. Next step is to identify TB facilities that do not have ART services and training health care workers to manage treatment of TB/HIV co-infection.

- The 3 I's protocol: ZPCT II, CIDRZ and TB CARE I worked on further implementation of the protocol to monitor performance of the 3 Is project in the selected ART clinics. The data base developed last quarter will be used by all partners, on behalf of the MOH / MCDMCH.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services

ZPCT II supported 141 laboratories in public health facilities and 26 laboratories in the private health facilities this quarter with 130 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital**:** During the quarter the Laboratory participated in the CDC DBS-2013-II Proficiency Test Program on which the lab scored 100%. CDC Global AIDS program issued to the laboratory a certificate of excellence as a result of its 100% achievement in the Proficiency Test programs for all the cycles in 2013.The lab also implemented a new Quality

Improvement Plan (QIP) which has enabled the laboratory to simultaneously cope with the exponential increase in the number of specimens received and processed as well as improve on the quality of data generated within acceptable turnaround time. As a result of this, no amendments to already transmitted data for the Mwana Program were required, from the 0.0006% amendments that were required 12 months prior. This signifies improvement in data management within the laboratory.

- Improving efficiencies in the PCR lab processes: During this quarter, part of the quality improvement plan for the DNA PCR laboratory was to map all the processes in the laboratory. Upon successful mapping of processes, appropriate interventions were introduced and after review there was significant reduction in the average turnaround time for results from seven (7) to five (5) days. However, this was short-lived as there was a stock out of reagents for most of the quarter due to non-availability of the commodity at national level. To try and reduce the workload, extraction of DNA continued in the laboratory upon receipt of the specimens, leaving amplification and detection for when the reagents were received. By the end of the quarter, some stocks of reagent were received at the lab with the backlog having reduced significantly.

- Specimen referral system: Specimen referral activities continued and ZPCT II continued to support its implementation. An average of 56,037 samples were referred from 264 facilities to 98 laboratories with CD4 testing capacity.

- Point of care CD4 using PIMA: The planned procurement and placement of the PIMA instrument by ZPCT II was put on hold following the No Cost Extension budget review during the quarter. Meanwhile, the use of the PIMA has begun in other facilities and ZPCT will stand to learn from the experiences of the other partners in the PIMA implementation moving forward.

- Internal quality control (IQC): During the quarter, ZPCT II continued to monitor the percentage use of the Ministry of Health approved internal quality control logs using the recently introduced tracking tool. Of the laboratories under ZPCT II support, 10% scored very good demonstrating 90-100% implementation of the forms, while 15% were good. 30% scored above average, while 25% were below average. 10% percent indicated that they had not been exposed to the forms and a further 10% had not just implemented them expressing ignorance on their use and too much clerical work to handle. These findings provided the basis for focused technical assistance and mentorship during the quarter.

- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:

    - *CD4 EQA Program:* Currently 54 ZPCT II supported facilities are enrolled on the CD4 EQA program. During the quarter they continued to experience delayed feedback on their performance. This issue was raised with the Ministry of Health at the National Quantification for Laboratory Commodities and HIV Test Kits. The MoH, through the national reference laboratory, noted that the EQA provider was not providing a standard service and that a number of queries had been raised with them including the flawed scoring of CD4 results. The MoH advised that they are considering another EQA provider as the concerns with UKNEQAS have not been promptly attended to. ZPCT II, however continues to jointly review feedback reports and also continues to strengthen internal quality practices which in the absence of external assessment provide confidence in the testing.

    - *TB EQA and other TB diagnostic activities:* During the quarter two of the GENE X-PERT instruments installed at ZPCT II supported sites namely Kitwe Central Hospital and Liteta District Hospital developed faults with their operating modules. The faults were however rectified within the quarter through the vendor CEPHEID. TBCare has advised ZPCT II of definite plans to host a training of trainers for the Gene X-PERT sometime next quarter. This will go a long way in equipping ZPCT II provincial technical staff with the necessary skills and knowledge to enable them provide technical assistance. The instruments are otherwise performing well and contributing to quick diagnosis of pulmonary tuberculosis.

    - *HIV EQA Program:* During the quarter HIV EQA was reviewed at the National Quantification for HIV Test Kits which ZPCT II attended. It was generally noted that the scheme was not performing optimally. Cycle distribution was irregular and errors in the reporting were noted on the feedback

reports. The reference lab noted that they were unable to prepare local samples as they did not have the means to and would therefore continue to depend on externally precharacterised samples. The reference lab requested for partner assistance with the preparation of the dry tubes as this would hasten timely release for each cycle.

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- *10th Sample QC for HIV testing.* This is ongoing, although there have been a few challenges noted. Routine checks on the ground have shown that while 10th sample QC for HIV testing is ongoing, it is not consistent, and there is lack of documentation in support of its implementation. ZPCT II will continue monitoring this activity and providing mentorship to emphasize the need for proper and consistent implementation of the same.

- Commodity management: During the quarter ZPCT II was invited to sit on the National Commodity Trail Committee specially designed to monitor the status of critical laboratory commodities at MSL and selected facilities, review data on logistic systems documents, interview stakeholders and enhance consultative discussions. Committee members will be trained in the use of Pipeline and Supply Chain Manager which are important tools for managing commodities at a national level. This will assist ZPCT II in that information on stock status, pending procurements, and stock management at facility levels will allow for timely planning of interventions to alleviate the multiple stock-outs that have recently been experienced. ZPCT II continued to coordinate the implementation of the logistics systems ensuring commodity availability and minimal interruptions in service delivery caused by stock-outs at the facilities it supports.

- Equipment: The status of CD4 equipment during the quarter was reasonably stable in ZPCT II supported sites with isolated breakdowns in Lufwanyama on the Copperbelt where this was the only CD4 analyzer out of 34 which was not operational. All 23 CD4 analysers in Central Province were operational while 3 out of the 26 analysers broke down in Luapula Province. The vendor was informed and repairs are scheduled. Muchinga/Northern Province recorded one breakdown out of 15 analysers at Chinsali district while out of the 14 CD4 analysers in North-Western Province Kabompo District and Solwezi General Hospital experienced breakdowns which are yet to be attended to. Central province did not experience any breakdowns with Chemistry equipment during the quarter, noteworthy though is the Pentra C200 which has not been installed at Masemo in Itezhi Tezhi. Out of the 22 analysers therefore 21 are operational with one pending installation. The Humalyser 2000s at Buchi and Bulangililo are not functional this state being attributed to wear and tear while the Cobas Integra at Roan General Hospital is also nonfunctional. During the quarter the Copperbelt Province experienced four humalyser breakdowns which were attended to by the vendor. Out of the 42 analysers 3 are non-functional. Only one Chemistry analyser (Pentra C200) was not operational in Luapula Province at Luamfumu, therefore out of the 20 analysers only one was reported faulty. Three out of twenty four analysers in the Northern Province were nonfunctional i.e. Chinsali district, Mwenzo and Mungwi Baptist while North-Western Province did not experience any breakdown of chemistry analysers. Across all the ZPCT II supported sites Haematology analysers were stable with almost no disruptions.

Pharmacy services

Technical support to pharmaceutical services was provided in 428 facilities of which 30 are in the private sector. This quarter, technical support visits were conducted in the supported sites with an emphasis on preparing for ZPCT II close out. Activities focused on strengthening logistic systems, management information systems and rational medicines use principles. This included post training implementation follow up and mentorship in an effort to increase ownership and instill sustainability and an increased level of responsibility among our partners in both ministries, MOH and MCDMCH. .

- SmartCare pharmacy module and the ARTServ dispensing tool: As part of the ongoing exercise to improve management information systems, ZPCT II continued with the plan to scale up and upgrade all the facilities to the new version of Smartcare v4.5.0.5 and this included ART pharmacies with the dispensing tool. This quarter, 126 out of 135 ART facilities were deployed with this latest version of Smartcare. 86 pharmacies were deployed with this latest version leaving a total of 49 facilities still using the ARTServ dispensing tool. The number of facilities using the SmartCare integrated pharmacy module increased from 17 sites last quarter to 86 at the end of this quarter. A few challenges in the use of the tool were noted including inability to update certain records, inadequate number of trained personnel, power outages and equipment failure. By the end of the quarter, the majority of these sites were operational as the problems noted were addressed by re-installing certain databases and providing

on the job training of pharmacy staff. Routine servicing and maintenance schedules were done and all nonfunctional computers were repaired. Where prevailing, data entry backlogs were cleared with all functional systems up to date by the end of the quarter. Focused technical support was provided to sites that were not able to fully operationalize the tool.

- Pharmaceutical Management: ZPCT II intensified their collaboration with partners and under guidance from the ministry at all levels in an effort to review and implement the minimum package for pharmaceutical support. There was a great improvement in the hosting of drugs and therapeutics committee meetings with a bias towards medication use reviews and patient-centred healthcare outcomes in the facilities. This quarter, a number of sites in Central and Northwestern provinces had their air conditioners replaced or repaired and this alleviated the problems faced as a result of inadequate storage conditions in the pharmacies for optimal storage of medicines and medical supplies. With the concern raised over the transitioning between regimens, coupled with stock imbalances of some ARV drugs, emphasis was put on monitoring clients for adverse drug reactions in collaboration with the clinical care team and logistics were put in place to cater for this.

- Rational Medicine Use: Despite the spillover effects from last quarter which led to the persistent low stock levels of Tenoforvir/Emtricitabine FDC experienced at all levels of the healthcare system this quarter, worth noting is that the guidelines were adhered to with constant monitoring and supportive supervision form ZPCT II staff. Although in some instances precaution was taken to ration the product and re-distribution subsystems effected, the ultimate goal of continued care for the clients without medication therapy disruptions was achieved. The majority of clients were transitioned to Atripla (Tenofovir/Emtricitabine/Efavirenz) as per current recommended guidelines and the provincial and district management teams continued to monitor the situation throughout the quarter. Challenges experienced by some facilities in Northern Province with monitoring ARV availability and use at satellite dispensaries was addresses by the introduction of the quality improvement approach to the DCMO and this resulted in improved accounting for issued and dispensed ARVs. This will be continued to be monitored moving forward until the situation with the supply of ARV's normalizes. .

- Supply Chain Management: Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems in facilities offering ART services and general pharmacy practice:

  - *Post Exposure Prophylaxis:* Support for this program continued this quarter especially for non-ART sites so that appropriate staff are more knowledgeable on how to handle any cases. It was worth noting that community awareness still poses a challenge and this was discussed and emphasized during trainings, orientations and routine facility visits to ensure that PEP-provision is fully operationalized with logistic systems in place for this service.

  - *Commodity management:* Operations at MSL normalized this quarter and the stock imbalances noted at some sites due to non-supply and late deliveries reduced to some extent. However a few deliveries were not honored due to the festive season and some districts such as Mufumbwe did not receive their consignment. Another source of concern was the inconsistent provision of the MSL stock status report and therefore it was not possible to ascertain availability of stock. With the re-introduction of the kit system for essential medicines, it was noted that some products from the health center kits were piling up at some facilities in Central province due to underutilization. ZPCT II continued to participate in national level activities focused on planning for various commodities in support of the ART, PMTCT, OI and STI, MC, Reproductive Health and other programs closely linked to HIV/AIDS services provision.

  - *Public Private Partnership:* Private sector facilities were visited to ensure promotion and strengthening of quality pharmacy services for PEP, PMTCT and ART programs. The pharmacy team continued to monitor activities and provide supportive supervision to ensure that the supply was maintained within the realms of the national logistic systems. The majority of the facilities have access to supplies with few exceptions and logistics tools for the management of the medicines and medical supplies were available although a number of sites experienced stock imbalances similar to what was pertaining in the public sector.

- *ARV Logistics System Status:* ZPCT II continued to monitor the implementation of the ARV LS and during the quarter there were reports of low stocks of Tenoforvir/Emtricitabine FDC (Truvada) and Zidovudine/Lamivudine FDC. This was attributed to non-delivery of consignments by MSL and in some cases by CHAZ despite submission of timely and accurate reports. A temporal parallel system which permitted facilities to order Truvada via the PMOs was set up by MOH in collaboration with MCDMCH in an effort to ensure the low stocks were strictly issued to facilities based on allowable dispensations as per prescribed guidelines. There were a few mishaps as some were not aware of this measure and continued to place orders with MSL in accordance with the distribution schedule.

- *PMTCT Logistics System:* This quarter there was a major concern over inadequate supplies of Zidovudine 300mg tablets for PMTCT which saw a number of facilities reach emergency order points. A stock out at central level was noted and generally there was low stock throughout the facilities. To further control and manage the commodity, the MoH forged a plan to sequester this product and make it accessible only via the provincial medical office. There was communication made by different stakeholders at various levels to reserve the AZT for clients on second line regimens and recommended the use of Atripla for eMTCT. This situation in some instances unfortunately led to reverting to the old guidelines of using single dose Nevirapine especially for non-ART facilities but in most cases clients were referred to ART. Efforts to get an official position on this matter from MOH proved futile and it is hoped that this will be resolved next quarter. ZPCT II continued to monitor the situation and to provide technical assistance to the facility staff.

As partner of existing USG partner collaboration, this quarter SCMS procured and supplied MC essential consumable kits on behalf of ZPCTII. However, a number of pending shipments were not delivered, including Lignocaine injection, despite providing us with expected dates of delivery for this quarter. This led to some stock outs and low stocks of lignocaince in some instances that affected service delivery in some of our provinces – the hardest hit being Copperbelt which has high numbers. This has been communicated to USAID Deliver/SCMS and it is hoped that all outstanding orders will be honoured early next quarter to alleviate the situation.

- Guidelines and SOPs: Ministry of Health officially wrote to ZPCTII requesting for assistance with type setting and printing of the revised Pharmacy SOPs. It is hoped that this can be done in the shortest possible time to facilitate orientation and dissemination of the documents next quarter.

2.2: Develop the capacity of facility and community-based health workers

Trainings

A number of trainings were supported by ZPCT II during the quarter. The trainings conducted are as follows:

- *Counseling and testing:* 147 HCWs were trained in CT (40 in basic CT, 27 in child CT, 40 in couple CT, and 40 underwent refresher training in CT). In addition, 85 lay counselors were trained in CT (18 in basic CT, 24 in child CT, 24 in CT supervision, and 19 underwent refresher training in CT). Cumulatively, ZPCT II has trained 2,193 lay counselors and 1,994 HCWs in CT courses.

- *PMTCT:* 50 HCWs were trained in basic PMTCT, while 176 HCWs underwent refresher training in PMTCT. To date, a total of 1,440 lay counselors and 4,167 HCWs have been trained in PMTCT.

- *Clinical care/ART:* 24 HCWs underwent training in pediatric ART/OI management, 50 HCWs and 20 lay counselors were trained in adherence counseling, while 42 lay counselors underwent refresher training in adherence counseling. Cumulatively, ZPCT II has trained 725 lay counselors in adherence counseling and 2,595 HCWs in ART/OI management. *Laboratory/Pharmacy:* 32 HCWs were trained in ART commodity management, and 23 HCWs attended equipment use and maintenance training.

All basic technical trainings in PMTCT, CT and ART/OI management included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

2.3: Engage community/faith-based groups

1,313 community volunteers were supported by ZPCT II (365 ASWs, 533 Lay counselors, and 415 PMTCT lay counselors) during the reporting period. 625 volunteers were paid using the automated ZANCO Bank XAPIT system while 688 volunteers received their payments by cash.

During the quarter under review, the Community Program Manager, M&E Advisor and Grants Coordinator provided technical support to community staff, monitored fixed obligation grants, and trained data entry clerks in the ZPCT II provinces. In addition, 11 data entry clerks were engaged as interns to assist with backlog data in all the provinces. The DECs were trained on how to use the database software and immediately started entering data. By the end of the quarter, the DECs had entered all data with the exception of Copperbelt province. The backlog was caused by the fact that the ZPCT II community mobilization officers who had a role in data collection and data entry, also have other duties which demand their time, and as a result they fell behind in the data entry exercise. This exercise was conducted in 350 health facilities.

This quarter, all provinces under ZPCT II commemorated the World AIDS Day together with the local partners. The World AIDS Day theme for the year 2013 was *"Getting to Zero, Zero new infections, Zero HIV related deaths and Zero stigma and discrimination".* The event in all provinces was preceded by satellite activities such as VCT and mobile MC. The actual event in most provinces was conducted in a traditional way by match past and speeches from senior government and health officials.

The ZPCT II community volunteers referred clients to the supported sites as follows:

- *CT:* Lay counselors at the ZPCT II supported facilities mobilized and referred 30,194 (15,336 females and 14,858 males) for counseling and testing (CT). A total of 22,518 (11,685 females and 10,833 males) reached the facilities.

- *PMTCT:* PMTCT volunteers and TBAs referred clients to access PMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 21,534 expectant mothers were referred for PMTCT services and 16,499 accessed the services at the health facilities across the six supported provinces.

- *Clinical care:* The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 12,961 (6,866 females and 6,095 males) were referred for clinical care, and 10,733 (5,623 females and 5,110 males) accessed the services.

- *ART:* This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited and counseled 9,627 HIV positive clients (5,469 females and 4,158 males), and were referred for further management at the supported facilities.

Voluntary Medical Male Circumcision (VMMC)

During this reporting period, 8,788 males were mobilized and booked for both mobile and static VMMC, and a total 5,867 males were circumcised. 2,872 were circumcised through mobile VMMC while 2,995 were circumcised through static centers. As a standard practice, all males were tested for HIV before being circumcised. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted at outreach and static sites.

Referral networks

ZPCT II continued coordinating with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks. 28 district referral network and committee meetings were held out of the 45 supported district referral networks. The meetings focused on preparations for the World AIDS day, strengthening of referral networks in locations where the networks were in-active, reporting, and reviewing HIV/AIDS activities. The districts that managed to have the district referral network meetings were; Ndola, Kitwe, Mufulira, Masaiti, Chililabombwe, Chingola, Mpongwe, Luanshya,

Chinsali, Kasama, Luwingu, Mporokoso, Mbala, Mpulungu, Mungwi, Kaputa, Chilubi, Mansa, Milenge, Samfya, Mwense, Nchelenge, Chiengi, Kawambwa, Chibombo, Kabwe, Mkushi and Mumbwa.

Fixed obligation grants

This quarter, all the nine active fixed obligation grant (FOG) recipients made tremendous progress in implementing demand creation activities as planned. They were at different levels of implementation.

Three grantees; Moments of Hope, Senganu Charity HBC and NZP+ Kabwe District Chapter successfully completed their final milestones and received their reimbursements. The other four; Salvation Army, NZP+ Nchelenge District Chapter, Youth Initiative and Umunwe umo TB/HIV Prevention, reported to have completed their final milestones and they were waiting for final verifications. However, final verifications and subsequent reimbursements will be done in the next quarter. The remaining two grantees, the Community Health Restoration Project (CHreP) and Focus Group Consultation (FGC) successfully implemented their second milestones and begun executing their final activities. All grantees will complete implementing their activities and officially close by end of the next quarter.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

During the reporting period, ZPCT II and DCMO/PMO staff conducted joint technical support visits to health facilities. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in mentoring and supervising facility staff. ZPCT II provided support and worked with facility staff in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

Following the successful production of the community mobilization GBV tool kit and the TOT for 20 MOH and ZPCT II staff, the participants from the Copperbelt and North-Western Provinces rolled out the training of community volunteers (NHC, ASW, lay counselors and sub-grant recipients). A total of 60 participants (21 females and 39 males) were trained. After the training, participants are expected to sensitize their respective communities on GBV, its effects and types of services available for survivors. The remaining two provinces (Luapula and Central) are expected to roll out the GBV trainings during the first quarter of 2014.

ZPCT II distributed the community mobilization GBV toolkit to collaborating partners like the Communication Support for Health (CSH) project and Afya Mzuri whose mandate is to promote public health through behavior change communication campaigns. The GBV tool kit will act as a key resource for facilitating behavior change with regards to GBV.

Based on the technical support from Social Impact to document ZPCT II's experiences of integrating gender into HIV/AIDS service delivery, including lessons learned, and drafting of the report, the final report for this exercise was submitted by end of October 2013 as planned. The report indicates that significant strides have been made in strengthening gender integration as a crosscutting issue under the ZPCT II project.

ZPCT II joined the rest of the world in commemorating the 16 days of activism against gender based violence (GBV). During this period, ZPCT II supported 13 health facilities to consistently screen for GBV and refer survivors by ensuring that they have adequate stock of the chronic HIV care checklist that is used to screen for GBV. These facilities were also supplied with adequate maps of GBV service providers to encourage referral of survivors. A total of 1, 647 clients were screened for GBV during the 16 days of Gender activism. A total of 97 GBV survivors were identified. This represents 6% of clients who visited the 13 health facilities during the 16 days of activism against GBV period being survivors of GBV. The types of GBV they suffered were assault in pregnancy, rape, defilement, spouse battering, abandonment resulting from one's HIV status and HIV positive husbands refusing to use condoms. All the 97 GBV survivors were referred for further GBV services to institutions like the GBV One stop Center, YWCA, Social Welfare department, Brothers' keeper, Victim

Support Unit of the Zambia Police Service, the court. The type of services that the GBV survivors were referred for include, psychosocial support, income generating activities, shelter, security and protection and legal services. However, most survivors were referred within the health facility. This could be attributed to the types of GBV cases that were reported which mostly related to health such as assault/battery occasioning actual bodily harm, defilement, rape, spouse neglect or abandonment due to the spouse's HIV positive results, HIV positive husbands refusing to use condoms.

ZPCT continued to actively collaborate with government ministries and USG partners during the quarter under review. A collaborative meeting with other FHI360 projects like ZPI, TB Care, SPLASH and COH was held in December 2013.

Implementation of routine activities like couple counseling and screening for GBV in CT, FP, PMTCT and ART continued during the quarter under review. The number of clients screened for GBV in PMTCT/ART/CT setting using the engendered CHC checklist this quarter was 35,731, the number of couples counseled for HIV at ZPCT II participating health facilities this quarter stood at 27, 903 While the number of survivors of rape who were provided with PEP this quarter was 57. Efforts to increase levels of knowledge among health care workers, the community members and the community volunteers have continued.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

During the reporting period, district medical offices were not mentored due to a clash in programs, namely the MOH Performance Assessments that were being conducted by the Porvincial Medical Office.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

This quarter, a total of six trainings were held during the fourth quarter of 2013; four in 'Governance and Finance for non-Finance Managers' and two in 'Planning Skills for Health Management.' In Northern Province, Governance and Planning trainings were held at which 64 district medical office managers and planners were trained. The trainings were held from 3rd to 9th November and 1st to 7th December, respectively. Governance trainings were also held in Copperbelt, North-Western and Luapula provinces. The trainings saw a total of 56 district medical office managers trained. The trainings were held from 2nd to 6th December, 7th to 11th October, and 9th to 13th December respectively. Lastly, a planning training was held in Central Province from 2nd to 6th December during which a total of 16 district medical office managers were trained. The participants to the above trainings were drawn from all the districts in the respective provinces.

In addition to the above, a training was held to prepare provincial and district MOH staff to conduct the impact assessment. The training was held in Lusaka at the ZPCT II offices from 9th to 11th October, 2013 and was attended by 16 district medical officers, accountants, planners and human resource management officers. The training was followed by the impact assessment in Central, Copperbelt, Luapula and North-Western provinces. The impact assessment was successfully conducted and results will be disseminated at a workshop in February, 2014.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

30 private sector health facilities were supported by ZPCT II.Technical assistance was provided in the supported sites by ZPCT II staff as follows:

- Mentorship and supervision of HCWs providing ART/CT/PMTCT/MC services: On-site post training mentorship was provided to ensure MOH standards are followed and included provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage

- Linkage to MOH commodity management: During the quarter, one annual meeting was convened in Copperbelt for all supported private sector providers and the PMO/DCMOs. The meeting was designed to review progress made in linkages for HIV/AIDS care and support in the province. Also, the meeting was aimed at building collaboration between the public and private sector .Highlights from the PMO/DCMOs included procedures for private facility linkages to public health care system for commodity supplies (CT,

PMTCT, clinical/ART, laboratory and pharmacy services), and integration into MOH national logistics and M&E systems.

- National level PPP activities: Planned collaborative meeting for PPP partners with MOH at national level not undertaken due to cost challenges. Annual review meetings for private sector provider and PMOs are planned at provincial level.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care program in Ndola and Kitwe districts. ZPCT II provided technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. A total of 117 new clients were initiated and 1030 clients were reviewed.

At the national level, ZPCT II continued meeting with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The main activity for the M&E unit during the quarter was SmartCare upgrade. This was done in most of the sites with only seven Smartcare sites that were remaining to be upgraded at the end of the quarter. The remaining g sites will be upgraded next quarter. During the quarter, SI unit facilitated the SmartCare training of ZPCT II provincial M&E and facility DECs in all the provinces except Northern who will be holding the training in January 2014. These trainings in Central, Copperbelt, Luapula and North-Western provinces were facilitated by MOH district information staff in the respective provinces. The trainees will be certified once their answer sheets are marked by EGPAF.The provincial IT staff also began networking of computers between MCH, ART clinic and pharmacy in sites with more than one computer. In addition, the SmartCare software was installed on the ZPCT II sever and backups from the supported facilities were merged and reports were able to run well. This will result in strengthened utilization of SmartCare data at all levels.

Collaboration with other technical units continued this reporting period. The SI unit participated in operational research related to the ZPCT II work in the area of male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, FP/HIV Integration evaluation and training studies. Data collection continued and analysis and report writing are expected to be completed in the first quarter of 2014.

The SI unit conducted inter provincial data audit for selected sites for the period of the April 2013 to July 2013. The results from the audit will be analysed next quarter to monitor the margin of error trend on selected CT/PMTCT and ART indicators.

Model sites evaluation is another area were the unit participated together with CT/PMTCT and pharm/lab units in Northern and Luapula Provinces. The following sites were covered by SI unit: Kasama General Hospital, Mungwi Baptist Church, Mbala District Hospital, Nseluka Health Centre, Mansa General Hospital and Samfya StageII. The data management systems were generally good.

During the quarter, a consultant was hired to migrate the ZPCT II reporting system to District Health Information System 2 (DHIS2) a web based system format. SI unit worked with the consultant and will continue doing so in the next quarter. ZPCT II expects to pilot the web based DHIS2 for reporting service statistics from the supported health facilities. The implementation of DHIS2 will require the procurement of some equipment and other necessary accessories.

Technical support to other projects was also provided in data management. This included PopART in identifying indicators to be reported from facilities as other indicators are being collected from the community. In addition the following databases were developed:

- ZPCT II Male Involvement study
- ZPCT II Mwana operations research study

Quality assurance and quality improvement (QA/QI)
ZPCT II has continued monitoring the implementation of quality improvement (QI) projects across the six supported provinces. The following are some of the QI projects being implemented;

- Improving uptake for screening of chronic conditions in MCH at Kimasala Clinic in North-Western Province. The aim of this project is to increase screening for Chronic Health Conditions (CHC) at Kimasala Clinic from 4% to 90% in nine months by screening every pregnant woman who comes for ANC check and every client who comes for CT.

- Constraints to renal function tests being conducted at Kasama General Hospital in Northern Province. The aims of this QI project are to increase the proportion of newly enrolled clients on HIV Care with documented baseline creatinine tests conducted. The other aim is to increase the proportion of creatinine baseline requests ordered by the clinical team in the ART clinic for newly enrolled clients in HIV Care.

- Bridging missed opportunities in PMTCT' at Buntungwa Health Centre in Luapula, this project aims to increase CD4 access for HIV positive pregnant women at Buntungwa HC from 0% to 95% in eight months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis.

- Retesting of HIV negative Pregnant women in MCH and improved CD4 sample referral network for HIV positive clients are the other two QI projects being implemented at Solwezi General Hospital & Mutanda clinic respectively.

Quality Assurance/Quality Improvement Assessments
The Quality Assurance/Quality Improvement assessments were conducted in 109 eligible ZPCT II supported sites in non-graduated districts. This was accomplished through the administration of QA/QI questionnaires in the following technical areas; ART/CC, PMTCT, CT, Laboratory, Pharmacy and Monitoring and Evaluation. The analysis of the collected data provided the basis of developing evidence based quality improvement plans for all identified priority areas in each program. Summaries of the main findings from the QA/QI assessment conducted this quarter are highlighted below.

ART/Clinical Care
ART provider and facility checklists were administered in 35 reporting ART health facilities in non-graduated districts. The main findings following the ART/Clinical care service quality assessments were noted as follows:

- Some health facilities had less than 50% of its patient files having evidence of liver function and or kidney tests being done before ART initiation. Affected districts include; Kapiri-Mposhi, Kitwe, Nchelenge and Mwense. The reasons given for this include;

  - Erratic supply of reagents resulting in stock-outs;
  - Broken down motorbikes affecting the sample referral system
  - Poor documentation of client results may result in under reporting
  - Non availability of clinicians to review clients regularly
  - Breakdown of the COBAS Integra at St. Paul's MH where most ART facilities in Nchelenge district refer specimens for LFTs.
  - Limitation in the number of samples that are collected for laboratory analysis

  Action Taken:
  - The motorbikes were repaired and delivered to the affected facilities
  - Laboratory/Pharmacy and programs unit actively tracked the supply of reagents and laboratory equipment by MoH in affected facilities
  - Discussions held with the laboratory staff in the affected facilities on the possibility of increasing the number of samples to be collected for analysis and create linkages to alternative lab services
  - Job aids with the schedule for laboratory monitoring have been distributed to all facilities
  - St. Paul's MH obtained the ABX Micros from Kashikishi RHC to run chemistries.

- The vendor was notified and promised to come and repair the equipment.

- Some facilities have less than 50% of files with evidence of immunological monitoring for patients every six months. The affected districts include; Kitwe, Kasempa, and Kapiri-Mposhi. The main reasons advanced for this include:

  - Broken down motorbikes affecting sample referrals
  - Number of samples to be processed per day is above the normal daily threshold at Kapiri urban clinic
  - Stock out of specimen bottles in the entire district in Kapiri-Mposhi
  - Patients are not returning for CD4 testing and monitoring
  - Non-availability of ART provider at Waya during the period under review.

  Action Taken:
  - Discussed with Kapiri DMO & ZPCT program unit on sample referral challenges
  - Onsite Mentorship on client monitoring and CD4 testing for facility staff
  - Job aids with the schedule for laboratory monitoring have been distributed to all facilities
  - Follow ups with the laboratory and pharmacy unit on the schedule for monitoring of patients
  - ZPCT II offered hands-on mentorship with focus on CD4 monitoring for ART providers

- Some health facilities do not have health care workers trained in peadiatric ART/OI. The affected districts include; Kapiri-Mposhi and Nchelenge. The main reasons given for this are as follows:

  - Trained staff rotated to other service areas coupled with staff attrition
  - Only one Pediatric ART training was held since the beginning of 2013

  Action Taken:
  - Engaged facility in-charges to retain trained staff in ART clinic for a specified time
  - Lobbied for more Pediatric ART trainings
  - Onsite mentorship on Paediatric ART/OI was conducted

CT/PMTCT

CT/PMTCT unit had the CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection tools administered in 109 CT & PMTCT sites in non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

- CD4 samples were not being collected and sent according to the MoH PMTCT guidelines. The affected districts include Kapiri-Mponshi, Mumbwa, Mungwi, Chilubi, Kaputa and Kasempa. The reasons advanced for this include:

  - Nonfunctional sample referral system which was resulting from non-availability of and broken down motorbikes, motorbikes taken for servicing take too long to be returned to the facilities.
  - Some facilities do not record CD4 results in integrated register

  Action Taken:
  - Worked with MCH staff and laboratory staff to realign ANC booking days with days CD4 count assessment is done in the laboratory
  - Mentorship to health facility staff and discussions with management and respective units

- HIV test kit stock outs being experienced in some facilities. The affected districts include: Kapiri, Nchelenge, Mwense and Kasempa. The reasons given for this are as follows:

  - Inadequate supply of test kits from MSL leading to stocks in most of the highlighted facilities
  - Poor logistical management system in place and long distance/transport challenges

  Action Taken:
  - Pharmacy and Laboratory unit to continue redistribution of tests kits from facilities with more stocks
  - PMTCT/CT and Pharm laboratory unit redistributed tests kits from facilities with more stocks
  - Conducted onsite mentorship on importance of timely ordering of HIV test kits

- Discussions with district laboratory technicians and pharmacy technicians to help local facilities in logistic managements by ensuring that they are reporting and ordering on monthly basis

- Facilities are not conducting quality control on 10% of HIV samples. Affected districts include: Kitwe, Masaiti, Mpongwe,Mwense, Nchelenge, Milenge, Chienge, Mungwi, Kaputa & Chilubi. The reasons given for this are as follows:

  - HCWs not helping counselors to draw blood when requested for external QC of 10% HIV samples tested
  - Newly qualified HCW`s recently posted to the facilities and not yet trained in CT
  - Inadequate supervision trainings conducted thus most health facilities did not have counselor supervisors

  Action Taken:
  - Provided ongoing sensitization to counselors on the importance of conducting QC on 10% HIV samples tested.
  - Mentored counselors on how to document QC samples tested.
  - Encouraged HCWs to collect the 10% HIV samples as counselors request them. Mentorship on 10th sample collection for QC.

- Facilities do not have CT HCW counselor supervisors. Affected districts include: Kitwe, Masaiti, Mwense and Milenge. The reasons given for these are follows:

  - Apathy and busy schedules for practicing counselor supervisors.
  - A good number of counselor supervisors retired
  - Prolonged leave for some of the facility staff.

  Action Taken:
  - CT/PMTCT Technical officers to orient senior (HCWS) and psychosocial counselors who provided supervision to practicing counselors;
  - Facility orientation meetings in six sites
  - Identified and trained 12 Lay counselors and 12 HCWs in counseling supervision

- Facilities not integrating MC into CT services. Affected districts include Kapiri, Mumbwa, Mungwi and Chilubi. The reasons given for these are follows:

  - Staff in some facilities feel discouraged to refer clients for MC due to long distances to facilities providing MC
  - Staff inconsistently document MC referral services; Integration done but counselors are not documenting negative CT clients referred for MC.

  Action Taken:
  - Discussed and emphasized on the importance of MC integration in CT services.
  - Have been integrating MC in CT trainings
  - Mentorship on CT/MC referrals documentation.
  - Distributed MC job aids

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 33 health facilities in non-graduated districts. The following issues were documented:

- There is irregular servicing of laboratory equipment and an inconsistent supply of critical laboratory reagents. The affected districts include: affected districts include; Kaputa, Mungwi, Mwense, Nchelenge, Chienge and Kasempa.The reasons given include the following;

  - The facility administration had neglected this area
  - There were stock outs of most essential reagents at central level in Lusaka
  - Vendors were delaying in attending to the calls of equipment break down

Action Taken:

- ZPCT II has communicated with the vendors to improve on their service
- Follow ups with specific vendors involved have been planned
- Facility staff were encouraged to be doing the daily maintenance activities on all lab equipment

- There are no first aid boxes and fire extinguishers in some laboratories. The affected districts include: Kitwe, Mpongwe and Mungwi.The reasons advanced for this are follows:

  - Lack of support from local administration and lack of appreciation of importance of first aid kit set
  - The kits have not yet been procured for public facilities and the private sector facility has been encouraged to buy for themselves

  Action Taken:
  - Encouraged all laboratory personnel to design the first aid kit sets, during normal technical assistance visits, by engaging their respective facility management for financial support
  - First aid box for public facilities will be included in recipient agreements at the next review and PPP facilities have been encouraged to procure some first aid boxes
  - Facility staff in the affected laboratories have improvised sand fire extinguishers.

Pharmacy

The pharmacy QA tool was used for quality monitoring in 52 health facilities in non-graduated districts. The following issues were documented:

- Some facilities do not have adequate pallets and as a result, not all products are off the floor. Affected districts include; Mwense, Chienge and Mungwi. The reasons advanced for this include;

  - Insufficient number of pallets available in the pharmacy
  - Pallets have not yet been procured

Action taken:

- Constant follow up on the procurement of pallets which are already in RAs but pending procurement
- Advised staff to obtain old pallets from the MSL truck that delivers drugs
- Staff mentored to keep products on top of the shelves

Monitoring and Evaluation (M&E)

The M&E QA tool was administered in 90 health facilities in non-graduated districts; the tool assesses the component of data management. The notable findings included the following:

- SmartCare client records were not up-to-date and SmartCare Transport database (TDBs) not being done. Affected districts included; Kaputa, Nchelenge and Mwense. The reasons advanced for this include:

  - Power interruptions hamper running of SmartCare in some facilities
  - Incomplete documentation of SmartCare forms by health care workers
  - Incorrect data entry making it impossible to generate TDBs
  - High frequency of SmartCare computer breakdowns

  Action Taken:
  - The computers to be worked on by the IT officer
  - Computers have been upgraded to the New SmartCare version 4.5.05
  - Mentored DECs on correct data entry and saving interactions
  - Advised DECs to remind HCWs to completely fill out SmartCare forms
  - DECs at Kashikishi and Nchelenge ART clinics are still conducting data entry of the backlog

- Some ART facilities are not keeping most of the patient files in filing cabinets because of inadequate filing cabinets and space in data management offices. This was noted in the following districts; Kitwe, Kapiri-Mposhi, Reasons given for the observations included:

  - The number of clients is on the increase while the supply of filling cabinets has not been commensurate
  - Inadequate space at facilities where to place the filing cabinets

- ZPCT II does not support procurement of furniture for private sector facilities.

Action Taken:
- SI unit requested for filing cabinets and reported the problem to Lusaka Office through provincial program office
- Engage DMOs to facilitate creation of space to place the cabinets

➢ Some PMTCT facilities do not have well completed and up to date mother baby follow up registers. Affected districts include; Mpongwe, Masaiti, Kitwe. The reasons advanced for this include:

- Most PMTCT facility based service providers do not know how to manage the mother baby follow up register

Action Taken:
- Support was mainly provided through PMTCT training and onsite mentorship. Support was mainly provided through PMTCT training and onsite mentorship. ZPCT II has made plans to ensure that the sites are using the new register in order to improve capturing of data

➢ Some facilities have run out of SmartCare forms in the last 3 months. Affected districts include; Kapiri. The reasons advanced for this include:

- SmartCare forms that were received from Lusaka did not have adequate supply of short visit forms, IHP and Patient Locator forms. Most forms were just clinical follow up forms

Action Taken:
- Missing SmartCare forms were photocopied for the affected facilities.

District graduation and sustainability plan
No districts were graduated during the quarter thus the total number of graduated districts remained at 27. The following twelve districts from the six provinces are targeted to graduate next quarter; Mwense, Chienge, Milenge, Nchelenge, Kasempa, Ikelenge, Kapiri Mposhi, Masaiti, Mpongwe, Kitwe, Mbala and Mpulungu.

RESEARCH

During the reporting period, the research unit focused on completing some of the operations research (OR) proposals and data collection of OR projects. The following were the OR proposals that were completed and submitted to the ethics committee for approval:

- Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months
- Evaluating a pilot on integrating screening of chronic medical conditions in HIV services in the Zambia Prevention Care and Treatment Partnership II-supported health facilities.

In addition, data collection was completed for the listed studies below:

- Identifying factors associated with graduation from intensive technical assistance of ZPCT I and ZPCT II's PEPFAR funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts. Data analysis started in in December and is ongoing.
- The impact of male involvement in ANC on PMTCT adherence and on where delivery occurs: the ZPCT II experience. Data collection was started in November 2013 and was completed in December 2013
- Evaluating the effectiveness of the ZPCT II specimen referral system for CD4 assessment- data was collected and data cleaning has been done. Data collection was started in October 2013 and was completed in December 2013

Also, the research unit focused on generating abstracts for presentation at international and local conferences for the ZPCT II project. Below are the abstracts that were developed and presented:

- Identifying factors associated with graduation from intensive technical assistance of ZPCT I AND ZPCT II's PEPFAR funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts. The results of this study were presented at the 7th National Health Research Conference in Lusaka, Zambia in October 2013.
- HIV prevention and family planning use among adolescents on ART: An examination of individual and familial and environmental factors. The results of this study were presented at the 7th National Health Research Conference in Lusaka, Zambia in October 2013.
- Medical male circumcision data in Zambia: Are we reaching the target population. The results were presented at the 3rd National HIV Prevention Convention in Lusaka, Zambia in November 2013.
- Promotion Dual Protection in Family Planning. The results were presented at the 3rd National HIV Prevention Convention in Lusaka, Zambia in November 2013.
- Male involvement in PMTCT services in Northern Zambia. The results were presented at the 3rd National HIV Prevention Convention in Lusaka, Zambia in November 2013.

The research unit worked with the School of Medicine Masters' students attached as interns at FHI 360 Zambia office to reach the data collection stage of their research. All the three interns had started collecting their data in the 3rd quarter of 2013.

PopART STUDY

This quarter, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia started its implementation of activities. During this reporting period, monthly meetings were conducted aimed at monitoring the implementation of the PopART interventions at both the national and district levels at which partner updates were shared on the status on implementation. Additionally, challenges of erratic supplies of laboratory reagents for blood chemistry and laboratory commodities by MSL were noted. The PopART activities focused on the following:

- Refurbishments and construction works at health centers: Refurbishment and construction works to expand ART clinic space in the study sites were completed at Chipokota Mayamba and Chipulukusu in Ndola District, and Ndeke and Chimwemwe in Kitwe District. Expanded space for ART activities include two additional consultation rooms, one adherence counselling room, one room for data entry/storage, bulky space for storage of pharmaceutical products and space for patient waiting area. ZPCT II handed over the keys of the renovated/constructed buildings to the health facility in charges. Construction of storage space for bulky stocks of pharmaceutical agents did not initiate at Makululu H.C (Kabwe District) due to delays in selection of a suitable contractor. Air Conditioners were installed in the pharmacy and laboratory spaces at Chipokota Mayamba, Chipulukusu, Ndeke and Chimwemwe H.Cs.

- Human resource: During the quarter under review, the remaining staff reported for work. These include three Clinical Officers, one Laboratory Technician, one Pharmacy Technician, two Data Entry Clerks and three Administrative Assistants.

- Procurement of laboratory equipment and office furniture: All the four ABX Micros 60 (hematology analyzers) and the four ABX Pentra C 200 (high throughput chemistry analysers) procured by ZPCT II, in anticipation of an increased case load of patients, were installed at the following health facilities: Chipokota Mayamba, Chipulukusu, Ndeke and Makululu health centers.

- Trainings: 24 HCWs were trained in pediatric ART/OIs management of. The participants were drawn from the six PopART health centers namely; Makululu, Ngungu, Chipulukusu, Chipokota Mayamba, Chimwemwe and Ndeke. The breakdown of the participants includes eight clinical officers, 11 nurses, two pharmacy technicians, one pharmacy dispenser and two laboratory technicians. Plans to have the clinical and support staff trained in different technical areas and research related areas are ongoing.

- Clinic and community PopART site activations: The two triplets (each consisting of 1 arm A, B & C health facilities) were activated to implement PopART Interventions. A total of 90 clients with CD4 >350 have been enrolled and initiated on ARVs to date.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: This quarter, ZPCT II amended 64 recipient agreements, one with UTH –MC Unit, six PMOs, 45 DMOs and 12 hospitals to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in the five supported provinces. In addition, one subcontract CHAZ was amended as well during this period. The KCTT subcontract closeout amendment process started during this reporting period.

Renovations: Following waiver to carry out construction being granted to ZPCT II, limited extensions and outright constructions have been carried out to this effect. As the status has not changed with regard to inadequate space for service provision, ZPCT II has embarked on limited construction in facilities where the space is non-existent. Discussions with PMOs and DMOs to help them prioritize infrastructure development were carried out, but because of limited funding for government little has changed. ZPCT II had initially identified and was to support refurbishments and limited construction in 53 health facilities but due to budgetary constraints this has been reduced to 17.

Mitigation of environmental impact

As an ongoing activity, ZPCT II continues to monitor management of medical waste and ensure environmental compliance in all of its supported renovations as per USAID approved Environmental Mitigation and Monitoring Plan. However, of the 27 incinerators targeted for refurbishment and fencing off to prevent scavenging, only 10 are to be refurbished this quarter due to budgetary constraints.

Procurement

ZPCT II procured the following this quarter, including: 23 Bench Centrifuge machines, one Binocular Microscope, four Blood Mixers, six RPR shakers, four Water Distillers, 76 Computer Desktops, 48 Motor Cycles, 1,270 community bags, 1,270 gum boots, 1,270 rain coats, 406 bicycles, 8 steel shelves, 5 air conditioning units, 12 digital thermometers, 12 digital BP machines, 12 stethoscopes, four vortex mixers, one coring tool, eight lockable filing cabinets, 4,269,255 smart care forms, 102,183 CHC forms, 12,673 Laboratory forms, 12,673 Refill forms, 45 Amplicor kits, two PCR bundles and 235 HB Micro-cuvettes.

ZPCT II will receive and distribute the medical furniture, equipment and stationery in the next quarter.

Human Resources

This quarter, ZPCT II effected a reduction in staff (RIF) process, with 24 staff being let go in the month of December 2013. This process is line with our approved budget realignment (modification #7). We anticipate 7 positions to be declared redundant in the next quarter. The RIF's process is consistent with the normal rhythm of a project as targets are reached and the overall level of effort required for project implementation shifts.

<u>Training and Development</u>

The ZPCT II staff attended training in the following areas during the reporting period:

- Teaching Methodology: Clinical Care Officer, ZPCT II Kasama office was sponsored for this two week training.

Information Technology

This quarter, the ZPCT II provincial office in Mansa and Kasama experienced prolonged power challenges. IT put in a request to install inverters for the two offices to stabilize power supply for the IT equipment such as the servers, switches, printers and telephones. The Ndola office recently purchased a standby generator set. The purchase of a single inverter was approved for use in Kasama and Mansa. In addition, the inverter being used in Ndola will be transferred to the remaining office.

IT has continued updating the IT asset inventories at all the ZPCT II offices and supported health facilities. During the quarter under review, IT updated the lists of obsolete and old equipment. This equipment has been earmarked for disposal and donations. The IT unit also identified Chloride Zambia Limited for environmentally responsible disposal of old, faulty and damaged UPSs. The list of UPSs to be disposed of where compiled for all the ZPCT II offices and forwarded to the Director of Finance and Administration for approval. In the next quarter, IT expects to receive approval for disposal. Chloride Zambia will collect the UPSs from all 5 ZPCT II offices.

This reporting period, IT assisted all units with updating the electronic filing system. IT worked with the various units in reviewing the format and content of the unit folders on the Pdrive. Updates where made which included addition and deletion of folders and content as well as read/write access permissions. In addition, IT setup monthly reminders for the various units to continuously update program data on the electronic filing system. This will ensure that all project data is safeguarded as the project winds down. In the coming quarter, IT in each of the offices will continue monitoring and updating folder synchronizations and content on the Pdrive.

As part of the MOH mandated SmartCare upgrades, ZPCT II IT officers in the field offices commenced the installation of local area networks in selected health facilities. The LANs will allow network connection of all the computers running Smartcare at the health facility. This will include Lab, ART, Pharmacy and MCH computers. The networking will enable all computers based at a facility to use a single patient database. This will ensure the uniqueness of patient records and improve the quality of data by minimizing duplicated and truncated health records due using different databases. Next quarter, ZPCT II will complete the installations of the local area networks as well as upgrades of SmartCare. In addition, the LANs are also a major step for the preparation of the implementation of Smartcare model sites.

Also, ZPCT II and FHI 360, was granted permission to relocate all FHI 360 projects based in Lusaka to a single office in the showground's. Next quarter, IT will work with management and other units to technologically prepare the new building for occupation. This will include the installation of ICT infrastructure and transfer of services such as internet and telephones for all three different offices to the single new offices.

Finance

- Pipeline report: The cumulative obligated amount is $ $113,246,595, out of which we have spent $105,393,667 as of December 31, 2013. The total expenditure to date represents 93% of the cumulative obligation. Using the current burn rate of $2,079,322, the remaining obligation is enough to take us up to March 2014. Management has submitted a No Cost Extension budget and work plan proposal for the period October '12 to August '14. We have also sent a limitation of funds notification to to USAID.
- Reports for Oct - Dec 2013:
  - SF1034 (Invoice) - November 2013
  - SF425 – September 2013

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**
  Shortage of staff in health facilities has remained an ongoing issue across all six provinces. ZPCT II continued to support task shifting. This quarter, 85 community volunteers were trained in counseling and testing and PMTCT to support the HCWs in the health facilities.

- **Laboratory commodity stock-outs**
  During the quarter it came to the attention of ZPCT II that the EDTA stock out reported last quarter was not a true reflection of stock status at Medical Stores Limited (MSL). Central Stores was actually stocked with thousands of containers which unfortunately were not picked up in the system as they were not assigned the appropriate code that identified them with EDTA containers. This resulted in facilities ordering containers on the originally assigned code and because MSL had not picked up this anomaly in good time some facilities were stocked out for more than three months. This was however rectified but unfortunately stock was expiring in 4 weeks. The stock out of Pentra C 200 cuvettes at Central Level affected chemistry testing and upon investigation it was discovered that instead of Pentra 200 cuvettes Pentra 400 cuvettes were ordered in bulk and only the tertiary laboratories use this size. Haemocue microcuvettes continued to be stocked out pending supply from ZPCT II and stocking up for 2014 was planned as the items were quantified for at the last national lab quantification meeting. Despite reagents being available for the Sysmex XS 1800, controls were not available threatening the expiry of reagents which could only be used with the appropriate controls. To prevent expiry and non-use of the equipment facilities were encouraged to use carry over samples as controls meanwhile. There was a major stock-out of HIV DNA PCR kits during the quarter which grossly affected turnaround time. All three laboratories stopped testing for a period of about 6 weeks. ZPCT II however provided stop gap supplies to cushion the impact and 25 out of the forty kits ordered were delivered. In the fourth week of December MoH confirmed receipt of 100 kits which will be shared among the three laboratories. It is worthwhile noting that these kits will clear the backlog but an immediate plan is needed to ensure testing will continue thereafter uninterrupted by stock-outs. MoH through MSL will assign thirty kits to ADCH PCR Lab in Ndola.

- **ARV Stock Imbalances**
  This quarter there were stock imbalances of Truvada, Combivir and Zidovudine tablets. ZPCT II continued monitoring the situation at service delivery point level to determine the extent of the problem. Intensified stock level monitoring was effected and this helped in averting complete stock outs. It is anticipated that the status in the facilities will normalize early next quarter.

- **Equipment functionality**
  - *Humalyzer 2000 chemistry analyzers:* Breakdowns at Twapia, Kamuchanga, Chawama and Kakoso were attended to by the respective vendor, Biogroup. ZPCT II supported the replacement of parts notably halogen lamps. Similar challenges at Chinsali, Mwenzo and Mungwi have been noted and it is planned that these will be attended to early next quarter. Reagents for this range of analysers are currently available centrally i.e. Creatinine, AST and ALT

  - *Cobas Integra chemistry analyzers:* The number of breakdowns for the Cobas Integra has somewhat increased over the months. The analysers have been in service for about ten years now and due to this ageing, they are progressively becoming more expensive to maintain. ZPCT II however is still supporting replacement of critical spare parts to prevent disruption of testing services even though the cost of replacement has escalated. With the exception of Roan General Hospital, St.Pauls' Mission Hospital and Solwezi General Hospital, all the analysers in ZPCT II supported sites are functional and reagents are available at Central Level.

  - *FACSCount CD4 machines:* The turnaround time for repairs is between 2-4 weeks with almost all breakdowns having been attended to during the quarter. Stock status was very stable throughout the quarter.

  - *FACSCalibur:* ZPCT II supported sites are using the analyser, the quarter having been characterized with stable supply of reagents.

- *ABX Micros haematology analyzers:* The analyser continues to provide a standard service demonstrating robustness and stability. Supplies were available during the quarter and no major incidents were recorded. *Sysmex pocH 100-i:* The unavailability of controls affected the regular and consistent use of this instrument. ZPCT II will engage MoH to see if the use of carry over samples as controls could be passed so that the instrument does not lie idle due to non-availability of controls. However the equipment fared well during the quarter with minimal breakdowns recorded.

ZPCT II programmatic challenges

- **Specimen referral for CD4 count assessment**
  CD4 referral testing was still a challenge for most of the quarter with some improvement only being noted after stocks of EDTA containers were replenished at facility level toward the end of the quarter. Alternative means of transport to ensure CD4 testing continued to be explored while breakdown of motorbikes was followed up. Low numbers of expecting women accessing CD4 testing services continues to be a challenge in most ZPCT II supported sites. Despite the generous placement of CD4 analysers on the Copperbelt and Luapula provinces CD4 access for expecting mothers is still low.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (July – September 2013)	Travel plans for Next Quarter (January – March 2014)
▪ Thierry Malebe, Edah Posta, Elizabeth Kalimanshila and Joseph Nyirenda – attended the 3rd International conference on Family Planning in Adis Ababa, Ethiopia from 11th to 17th November, 2013. ▪ Nathaniel Chishinga, Patrick Katayamoyo, Gail Bryan-Mofya, and Ebedy Sadoki attended the 17th International Conference on AIDS and STIs in Africa (ICASA) held in Durban, South Africa from 7th to 12th December, 2013. ▪ Violet Ketani (Project Manager) and Richard Yoder (Consultant) travelled to Lusaka and took part in the impact assessment study for the capacity building program. From October 8 – 23, 2013	▪ John Pollock, Project Support Leader for MSH, will travel to Zambia from February 20 – 28, 2014 to provide technical support to the MSH team. ▪ Lowrey Redmond (Project Director) and Violet Ketani will travel to Lusaka for the impact assessment dissemination workshop in Kitwe and closeout of the capacity building program in Februray 2014.

ANNEX B: Meetings and Workshops this Quarter (Oct. – Dec., 2013)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	**October 14 – 16** *The 7th National Health Research Conference organized by the MOH at New Government Complex***:** The main them of the conference was "Achieving universal quality care coverage through increased investments in research and development. Reseachers from all provinces, and around the world made presentations in various fields like infectious disease, non – communicable diseases, health strengthening and public health.
	October 22, 2013 *SMGL meeting heald at CDC offices:* The purpose of this meeting was to have an overview of phase 1 through inputs and updates from implementing partners and discuss plans for phase 2. This may include plans to incorporate HIV activities in phase 2 as per PEPFAR requirements.
	October 31, 2013 *PMTCT TWG meeting hosted by MCDMCH:* The TWG subcommittee reviewing the PMTCT 2013 section of consolidated guidelines made a presentation to the main group to share progress made in merging the PMTCT guideline document into the Paediatric &Adult ART guidelines. The new abridged consolidated National guideline was ready for review by all TWGs –Paediatric, Adult and PMTCT.
	November 6 – 8, 2013 The 3rd National HIV Prevention Convention organized by NAC at Mulungushi Conference Centre with the theme: "Count down to 2015: Effective Prevention through Community Empowerment and Sustainable Financing*."* The convention brought together programme staff and experts, researchers, community members, and volunteers from civil society, communities, government, and local and international partners from around the country and region. The unit successfully presented two abstracts on Male involvement in PMTCT services in Northern Zambia and Dual protection in FP services. One abstract was rewarded with an award as the most innovative intervention.
	November 7 – 8, 2013 *Review and Recommendations of B + Assessments meeting***:** The purpose of the meeting was to have a common understanding of how the assessment reports from the facilities are going to be used. A master copy of facility readiness for Option B+ will be circulated by MOH and communication made to all partners as to when commencement of Option B+ in the selected facilities will be done.
	November 18, 2013 *FP TWG meeting held at MCDMCH:* The purpose of the meeting was to develop the orientation and supervision packages for managers on CBD Family Planning program. The two packages will be reviewed later.
	December 3 - 4, 2013 The 8th National ART updates Seminar hosted by the Centre for Infectious Disease Research in Zambia (CIDRZ) at Radisson Blu Hotel in Lusaka. The theme was **"**Harmonized, Integrated and Simplified Quality HIV Care**".** The team attended this important ART seminar designed to update individual organizations, Scientists and medical practitioners in the progress, successes and challenges to national ART program being implemented by the Ministry of Health with support from different cooperating partners.
	December 12, 2013 *PMTCT TWG meeting hosted by MCDMCH***:** The meeting reviewed the progress made in line with option B+ implementation, each partner presented the status of activities in line with facilities assessment report. EGPAF made a presentation reviewing the data collection tools (Safe Motherhood Card, New registers, NUPIN, Status of Smart Care/ EHR management system deployment) The MCDMCH gave update on the Community Awareness/ Involvement for option B+**.**
	December 13 - 14, 2013 *Consultative meeting for SMGL (EmONC)/ option B+ integration of the training package***:** The purpose of the meeting was to produce an integrated training package for nurses and midwives to be able to provide comprehensive care to a pregnant woman. The team needed to answer these questions: - what do we need to train a midwife in relation to EmONC and in relation to Option B+ for a pregnant and breastfeeding woman and her newborn child. The focus for the training is to reduce maternal mortality with ARVs and with provision of EmONC.
MC	**October 15, 2013** *USG VMMC Partners Work plan for the traditional leaders engagement for Demand Creation Meeting at SFH board room:: ZPCT* II attended and participated in this meeting that was designed to discuss lessons learnt during the Chief Nondo's VMMC re-launch activities and to develop work plan to share with Ministry of Chief and Traditional Affiars in rolling out strategy for r increasing chief engagement for VMMC demand creation.

Technical Area	Meeting/Workshop/Trainings Attended
	October 10, 2013 *World Bank Technical Mission consultative meeting at World bank Offices:* ZPCT II participated in this meeting that was designed to map out partners so as to identify areas of partner collaboration, identify areas of analytical support such as; a) long term fiscal implications of the HIV response and b) evaluation of different innovative strategies to generate demand for MC.
	October 28, 2013 *VMMC Demand Creation through Traditional Leader meeting held at SHAREII Board room* ZPCT II participated in this meeting that was designed to present an integrated demand creation plan involving traditional leaders. All USG partners in VMMC service delivery had to work on developing a harmonized workplan and mapping of service delivery in selected chiefdoms by provinces. .
	November 5, 2013 *National MC Technical Working Group meeting at MCDMCH Board Room:* ZPCT II participated in this meeting that was designed to review 3rd quarter 2013 national VMMC performance, plan for the national VMMC annual review meeting as well as setting targets for the December campaign. During the meeting ZPCTII shared a presentation on working with the Private Health facilities, highlighting challenges with linkage to Public health care system due to absence of national policy guideline.
	November 5, 2013 *National MC Annual Review Meeting Conference Hall Raddisson Blue:* ZPCT II attended and participated in this meeting that was designed to review the 2013 provincial performance and provincial and district leadership roles in coordinating all VMMC partner activities. The meeting concluded with focus on guiding the provincial team in developing a consolidated 2014 VMMC annual plan of activities.
Clinical Care/ART	**October 31, 2013** *National PMTCT TWG monthly meeting held at MCDMCH board room***:** ZPCT II attended and participated in this meeting that was designed to review the PMTCT sections of the 2013 Consolidated HIV treatment guidelines
	November 7 – 8, 2013 *Review and recommendation of B+ assessments:* ZPCTII attended the review and recommendation of option B+ assessments called by MoH and organized by CHAI in Lusaka.
	December 3 – 4, 2013 *8th National annual ART update seminar:* ZPCT II in collaboration with MoH and MCDMCH organized and actively participated in the 8th National annual ART update seminar held in Lusaka
	December 5, 2013 *4th Annual Mobile ART implementers Meeting held at Mika Hotel Conference room*: ZPCTII clinical unit attend this national event that focused on reviewing national performance of Mobile ART Services over the last 12 months. The meeting focused on how to strengthen M&E and provided strategic direction to further improvement by launching the 2nd edition of the National Mobile HIV service 2013 guidelines in order to ensure quality Mobile ART services delivery model
Laboratory	**October 10, 2013** *PopART Preparatory Meeting:* ZPCT II attended a consultative PopART meeting with Partners and Medical Stores Limited to discuss logistical preparations for laboratory supplies in support of the PopART study.
	October 23, 2013 *PopART Consultative Meeting with JSI:* ZPCT II held a consultative and collaborative meeting with JSI Deliver to basically understand how it could collaborate at provincial/facility level to ensure that recruited sites do not stock out of laboratory commodities
	November 1, 2013 *Laboratory Technical Working Group Meeting:* ZPCT II attended the Laboratory Technical Working Group meeting convened by MOH held at JSI. Critical items addressed were the implementation of the PIMA after assessments (pending aggregation) and training of trainers. The framework contract which will manage commodities from 2014 was also discussed.
	November 22, 2013 *Commodity Trail Committee Meeting:* ZPCT II attended the Commodity Trail Committee meeting on which it has been incorporated as a key partner to help monitor and manage commodities at a national level. This meeting was held at JSI and was convened by the Ministry of Health.
	December 1 – 7, 2013 *HIV Test Kits & Lab Commodities Quantification and Forecasting Meeting:* ZPCT II attended the annual forecasting and quantification meeting held in Livingstone to review the year and forecast for the next 7 years. New assumptions were built and the extensive consultative atmosphere enhanced the value of the outcomes.
	December 15 – 21, 2013 *Strengthening Laboratory Management Toward Accreditation Training:* ZPCT II was invited by MoH to facilitate at the third and final SLMTA training for Cohort two. This training was held at Hotel Edinburgh in Kitwe.

Technical Area	Meeting/Workshop/Trainings Attended
Pharmacy	**November 21, 2013** *Clinical care in-house meeting with the MC Provincial Technical Officers:* The purpose of the meeting was to review pertinent program strategies that involve male circumcision and to facilitate feedback between the province and Lusaka office. Provision of commodities in support of MC was identified as key in realizing the successes noted.
	December 3 - 4, 2013 *The 8th National ART updates Seminar:* This meeting was hosted by the Centre for Infectious Disease Research in Zambia (CIDRZ) at the Radisson Blu Hotel in Lusaka. The theme was **"**Harmonized, Integrated and Simplified Quality HIV Care**".** The team attended this important ART seminar designed to update individual organizations, Scientists and medical practitioners in the progress, successes and challenges to national ART program being implemented by the Ministry of Health with support from different cooperating partners.
	December 5, 2013 *ZPCT II provincial Technical Advisors Meeting:* The meeting was called to get input from the various technical areas of the project and to suggest innovative approaches and make recommendations for the possible follow on project.
Gender	**December 8 – 13, 2013** *GBV symposium:* The Gender Specialist attended the GBV symposium organized by the Ministry of Gender from 8 – 13 December 2013 at Mulungushi International Conference Center.

ANNEX C: Activities Planned for the Next Quarter (Jan. – Mar., 2014)

Objectives	Planned Activities	2014		
		Jan	Feb	Mar
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in CT courses.	x	x	x
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen child CT in all under five clinics	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	x
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
1.2: Expand prevention of mother-to-child transmission	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Train/orient HCWs and Lay counselors in Option B+ from selected		x	x

Objectives	Planned Activities	2014		
		Jan	Feb	Mar
(PMTCT) services	sites			
	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	x
	Orient facility staffs on B+ option.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support the operationalization of the 8 year plan for FP	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen eMTCT outreach in peri-urban and remote areas	x	x	x

Objectives	Planned Activities	2014		
		Jan	Feb	Mar
	including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services			
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand treatment services and basic health care and support	Conduct monthly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct ART/OI trainings for HCWs (ART/OI, ART/OI refresher, ART In-house, ART/OI Mop-up, pediatric ART, and Adherence counseling)	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which were initially assessed.	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	x
	Train HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	x
	Train HCWs in 6 selected pilot sites using diathermy for improving efficiency			
	Support post-training follow up and on-site mentoring of trained facility staff by UTH in all six provinces	x	x	x
	Orient MC facility teams on Standard Instrument Cleaning and Maintenance in all 55 MC sites	x	x	x
	Conduct 38 VMMC outreach in 38 districts across the supported	x	x	x

Objectives	Planned Activities	2014		
		Jan	Feb	Mar
	provinces			
	Support five mobile VMMC promotion Campaign program with the PMO on Community radio.	**x**	**x**	**x**
	Conduct VMMC community promotion around 50 MC static sites	**x**	**x**	
	Support community mobilization activities for MC in collaboration with CARE	**x**	**x**	**x**
	Conduct onsite orientation training for Lay counselors in VMMC counseling and demand creation techniques	**x**		x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Participate in the national pharmacovigilance planned activities		**x**	**x**
	Support to the MOH pharmacy mentorship program	**x**	**x**	**x**
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	**x**	**x**	**x**
	Provide ongoing technical assistance to all the supported sites, including private sector	**x**	**x**	**x**
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	**x**	**x**	**x**
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	**x**	**x**	**x**
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	**x**	**x**	**x**
	Participate in the pharmacy and laboratory components of the POP ART pilot study in selected ZPCT II supported pilot sites	**x**	**x**	**x**
	Support the compilation of the reviewed Commodity management training package	**x**	**x**	**x**
	Participate in national quartely review for ARV drugs for ART and PMTCT programs			**x**
	Support the implementation of the Model Sites mentorship program	**x**	**x**	**x**
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	**x**	**x**	**x**
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	**x**	**x**	**x**
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	**x**	**x**	**x**
	Promote usage of tenofovir based regimens and newly introduced FDCs ans monitor use of Abacavir baased regimen as alternate 1st line	**x**	**x**	**x**
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	**x**	**x**	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		**x**	
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services		**x**	**x**
	Support the dissemination of guidelines and SOPs for laboratory services.	**x**	**x**	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	**x**	**x**	**x**
	Monitor and strengthen the implementation of the CD4 testing EQA program .	**x**	**x**	**x**
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		**x**	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	**x**	**x**	**x**
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.		**x**	**x**
2.2: Develop	Trainings for healthcare workers in ART/OI, pediatric ART,	**x**	**x**	**x**

Objectives	Planned Activities	2014		
		Jan	Feb	Mar
the capacity of facility and community-based health workers	adherence counseling and an orientation on prevention for positives			
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for Human Resource personnel at PMO, DMO in Annual performance appraisal system (APAS), in Luapula Province	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
Public-Private Partnerships – Private health facilities	Conduct technical assistance visits (as part of TA visits described above) to 24 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	x	x
	Identify and assesses 6 new PPP sites to meet the COP target	x	x	
	Conduct training for health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services as part of the trainings	x	x	x
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage	x	x	x
	Work with 10 new none accredited PPP sites to reach accreditation for linkage to MOH ARV program	x	x	x
	Identify and Work with MOH contact person to facilitate the process of linking accredited PPP clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	x
	Provide Mentorship in data collection in all 24 PPP sites using MOH data collection tools in line with the "MOH three ones principle" on monitoring and evaluation, as part of TA visits described above	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces			x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities			x
	Facilitate the implementation of QAQI systems in MC sites on the Copperbelt			x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	x
	National SmartCare training targeting the provincial health staff.		x	
Program Management				
	Monitor implementation of monitoring plan and tools by provincial	x	x	x

Objectives	Planned Activities	2014		
		Jan	Feb	Mar
Program	offices			
	Approval of contracts for new renovations for year four	**x**	**x**	
	Amendment of recipient agreements and subcontracts	**x**	**x**	
	Delivery of equipment and furniture to ZPCT II supported facilities		**x**	**x**
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	**x**	**x**	**x**
	Facilitate district referral network meetings	**x**	**x**	**x**
	Provide sub grants to selected CBOs/NGOs		**x**	**x**
Capacity Building	Conduct one-day workshop to disseminate results of the impact assessment. The workshop will be attended by MOH provincial and district medical officers who were part of the capacity building program.	x	**x**	**x**
	Complete close-out process and submit final reports to FHI 360.	x	**x**	**x**
Gender	Host the FHI360 gender steering committee meeting		**x**	
	Prepare project close out documents	x	**x**	
	Facilitate the mapping of FHI360	x	**x**	
	Write the brief note on FHI360 Zambia's gender work		**x**	
	Facilitate the writing of the end of project report by Social Impact	**x**		
Finance	FHI 360 finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	**x**	**x**	**x**
HR	Team building activities for enhanced team functionality		**x**	**x**
	Facilitate leadership training for all staff in supervisory positions	**x**	**x**	**x**
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			**x**
	Recruitment of staff to fill vacant positions	**x**	**x**	**x**
IT	Secure all ZPCT II data by updating Synchronization on staff computers	**x**	**x**	**x**
	Secure all ZPCT data by updating electronic filing on the server	**x**	**x**	**x**
	Complete deployment of APN solution to improve web2sms services		**x**	
	Identify and donate obsolete equipment to selected beneficiaries	**x**	**x**	**x**
	Continue IT inventory updates		**x**	**x**
	Install IT infrastructure at new premises		**x**	**x**
	Secure project data from computers of departing staff	**x**	**x**	**x**

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kabwe	1. Kabwe GH	Urban	◆2	◆	◆	◆	◆3		
	2. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	3. Kabwe Mine Hospital	Urban	◆2	◆	◆	◆	◆3		⦿1
	4. Bwacha HC	Urban		◆	◆	◆	◆3		
	5. Makululu HC	Urban	◆1	◆	◆	◆	◆3		
	6. Pollen HC	Urban	◆1	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆1	◆	◆	◆	◆3		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆1	◆	◆	◆	◆3		
	11. Ngungu HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	12. Natuseko HC	Urban	◆1	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆		◆	
	17. Kalwelwe RHC	Rural		◆	◆	◆		◆	
Mkushi	18. Mkushi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆1	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆1	◆	◆	◆	◆3		⦿1
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
Serenje	26. Serenje DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	27. Chitambo Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆1	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural		◆	◆	◆		◆	
Chibombo	38. Liteta DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆1	◆	◆	◆	◆3		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⦿1
	42. Chisamba RHC	Rural	◆1	◆	◆	◆	◆3		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆[3]		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆[2]	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆[3]		
	54. Kapiri Mposhi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	55. Mukonchi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆[1]	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆[1]	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
	66. Luanshimba RHC	Rural		◆	◆	◆		◆	
	67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	68. Chipepo RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆[1]	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	71. Mumbwa DH	Urban		◆	◆	◆	◆[3]		⦿[1]
	72. Mumbwa UHC	Urban		◆	◆	◆			
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
Itezhi Tezhi	77. Itezhi Tezhi DH	Urban	◆[2]	◆	◆	◆	◆[3]		
	78. Masemu RHC	Rural		◆	◆	◆	◆		
	79. Kaanzwa RHC	Rural		◆	◆	◆		◆	
Totals			**26**	**79**	**79**	**79**	**28**	**50**	**10**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿[1] **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Copperbelt Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Ndola	1. Ndola Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	2. Arthur Davison Hospital	Urban	◆2		◆	◆	◆3		
	3. Lubuto HC	Urban	◆1	◆	◆	◆	◆3		
	4. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	5. Chipokota Mayamba HC	Urban	◆1	◆	◆	◆	◆3		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⦿1
	12. Kansenshi Prison Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆1	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆1	◆	◆	◆	◆3		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆2	◆	◆	◆		◆	⦿1
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
Chingola	21. Nchanga N. GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	22. Chiwempala HC	Urban	◆1	◆	◆	◆	◆3		
	23. Kabundi East Clinic	Urban	◆1	◆	◆	◆	◆3		⦿1
	24. Chawama HC	Urban	◆2	◆	◆	◆	◆	◆	⦿1
	25. Clinic 1 HC	Urban	◆1	◆	◆	◆	◆	◆	
	26. Muchinshi Clinic	Rural	◆1	◆	◆	◆		◆	
	27. Kasompe Clinic	Urban		◆	◆	◆		◆	
	28. Mutenda HC	Rural		◆	◆	◆		◆	
	29. Kalilo Clinic	Urban		◆	◆	◆		◆	
Kitwe	30. Kitwe Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	31. Ndeke HC	Urban	◆1	◆	◆	◆	◆3		
	32. Chimwemwe Clinic	Urban	◆1	◆	◆	◆	◆3		
	33. Buchi HC	Urban	◆1	◆	◆	◆	◆3		
	34. Luangwa HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	35. Ipusukilo HC	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	36. Bulangililo Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	37. Twatasha Clinic	Urban		◆	◆	◆		◆	
	38. Garnatone Clinic	Urban			◆	◆		◆	
	39. Itimpi Clinic	Urban		◆	◆	◆		◆	
	40. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	41. Kawama Clinic	Urban	◆1	◆	◆	◆	◆3		
	42. Kwacha Clinic	Urban		◆	◆	◆		◆	
	43. Mindolo 1 Clinic	Urban	◆2	◆	◆	◆	◆	◆	
	44. Mulenga Clinic	Urban	◆1	◆	◆	◆		◆	
	45. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	46. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. ZAMTAN Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	48. Chavuma Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆2	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. Riverside Clinic	Urban	◆2	◆	◆	◆	◆	◆	
Luanshya	52. Thompson DH	Urban	◆2	◆	◆	◆	◆3		
	53. Roan GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	54. Mikomfwa HC	Urban		◆	◆	◆		◆	
	55. Mpatamatu Sec 26 UC	Urban	◆1	◆	◆	◆	◆	◆	
	56. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	57. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	58. Section 9 Clinic	Urban		◆	◆	◆		◆	
	59. Fisenge UHC	Urban		◆	◆	◆		◆	
	60. New Town Clinic	Urban		◆	◆	◆		◆	
Mufulira	61. Kamuchanga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	62. Ronald Ross GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	63. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	64. Kansunswa HC	Rural		◆	◆	◆		◆	
	65. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	66. Mokambo Clinic	Rural		◆	◆	◆		◆	
	67. Suburb Clinic	Urban		◆	◆	◆		◆	
	68. Murundu RHC	Rural		◆	◆	◆		◆	
	69. Chibolya UHC	Urban		◆	◆	◆		◆	
Kalulushi	70. Kalulushi GRZ Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	71. Chambeshi HC	Urban	◆1	◆	◆	◆	◆	◆	
	72. Chibuluma Clinic	Urban	◆1	◆	◆	◆		◆	
	73. Chati RHC	Rural		◆	◆	◆			
	74. Ichimpe Clinic	Rural		◆	◆	◆			
Chililabombwe	75. Kakoso District HC	Urban	◆2	◆	◆	◆	◆3		⦿1
	76. Lubengele UC	Urban	◆1	◆	◆	◆		◆	
Lufwanyama	77. Mushingashi RHC	Rural		◆	◆	◆		◆	
	78. Lumpuma RHC	Rural	◆1	◆	◆	◆		◆	
	79. Shimukunami RHC	Rural	◆1	◆	◆	◆	◆3		⦿1
	80. Nkana RHC	Rural		◆	◆	◆		◆	
Mpongwe	81. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⦿1
	82. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	83. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	84. Kalweo RHC								
Masaiti	85. Kashitu RHC	Rural		◆	◆	◆		◆	
	86. Jelemani RHC	Rural		◆	◆	◆		◆	
	87. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⦿1
	88. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			**43**	**86**	**88**	**88**	**42**	**64**	**17**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded is a new ZPCT II site

Luapula Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Chienge	1. Puta RHC	Rural	◆2	◆	◆	◆	◆3		
	2. Kabole RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural		◆	◆	◆			
Kawambwa	6. Kawambwa DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	7. Mbereshi Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆1	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆2	◆	◆	◆	◆3		
	13. Mufwaya RHC	Rural		◆	◆	◆			
Mansa	14. Mansa GH	Urban	◆2	◆	◆	◆	◆3		
	15. Senama HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	16. Central Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆2	◆	◆	◆	◆3		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural		◆	◆	◆			
	41. Lubende RHC	Rural		◆	◆	◆			
	42. Kansenga RHC	Rural		◆	◆	◆			
Milenge	43. Mulumbi RHC	Rural		◆	◆	◆		◆	
	44. Milenge East 7 RHC	Rural	◆2	◆	◆	◆	◆		
	45. Kapalala RHC	Rural		◆	◆	◆			
	46. Sokontwe RHC			◆	◆	◆			
	47. Lwela RHC								

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Mwense	48. Mambilima HC (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	49. Mwense Stage II HC	Rural	◆1	◆	◆	◆	◆3		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆2	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
	67. Musangu RHC	Rural	◆2	◆	◆	◆	◆3		
	68. Mutipula RHC	Rural			◆	◆			
	69. Mwenda RHC	Rural	◆2	◆	◆	◆	◆3		
Nchelenge	70. Nchelenge RHC	Rural	◆2	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆2	◆	◆	◆	◆3		
	72. Chabilikila RHC	Rural	◆2	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆2	◆	◆	◆		◆	⦿1
	74. Kafutuma RHC	Rural	◆2	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆2	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆2	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆1	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆1	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	80. Kabalenge RHC	Rural		◆	◆	◆			
Samfya	81. Lubwe Mission Hospital (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	82. Samfya Stage 2 Clinic	Rural	◆1	◆	◆	◆	◆3		⦿1
	83. Kasanka RHC	Rural	◆1	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆3		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			**30**	**80**	**86**	**86**	**20**	**52**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

Note: Grey shaded is a new ZPCT II site

Muchinga Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Nakonde	1. Nakonde RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆1	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆2	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
Mpika	9. Mpika DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆2	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
Chinsali	20. Chinsali DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural		◆	◆	◆			
	27. Kabanda RHC	Rural		◆	◆	◆			
Isoka	28. Isoka DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	29. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	30. Kalungu RHC	Rural	◆2	◆	◆	◆		◆	
	31. Kampumbu RHC	Rural		◆	◆	◆			
	32. Kafwimbi RHC	Rural		◆	◆	◆			
Mafinga	33. Muyombe	Rural	◆1	◆	◆	◆	◆	◆	
	34. Thendere RHC	Rural		◆	◆	◆			
Totals			**9**	**34**	**34**	**34**	**9**	**16**	**4**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿1 **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Northern Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆2	◆	◆	◆	◆3		
	2. Kasama UHC	Urban	◆2	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆1	◆	◆	◆	◆3		
	4. Chilubula (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	5. Lukupa RHC	Rural	◆2	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆2	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
Mbala	14. Mbala GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆1	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆1	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
Mpulungu	25. Mpulungu HC	Urban	◆1	◆	◆	◆	◆3		⦿
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
Mporokoso	28. Mporokoso DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	29. Mporokoso UHC	Urban	◆1	◆	◆	◆	◆	◆	
	30. Chishamwamba RHC	Rural		◆	◆	◆			
	31. Shibwalya Kapila RHC	Rural		◆	◆	◆			
	32. Chitoshi RHC	Rural		◆	◆	◆			
Luwingu	33. Luwingu DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	34. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	35. Kaputa RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	36. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	37. Kampinda RHC	Rural		◆	◆	◆	◆	◆	
	38. Kalaba RHC	Rural		◆	◆	◆	◆	◆	
	39. Kasongole RHC	Rural		◆	◆	◆			
Mungwi	40. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	41. Malole RHC	Rural		◆	◆	◆		◆	
	42. Nseluka RHC	Rural	◆2	◆	◆	◆		◆	
	43. Chimba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Kapolyo RHC	Rural		◆	◆	◆		◆	
	45. Mungwi RHC (CHAZ)	Rural	◆[2]	◆	◆	◆	◆		⦿[1]
	46. Makasa RHC	Rural		◆	◆	◆			
	47. Ndasa RHC	Rural		◆	◆	◆			
Chilubi Island	48. Chaba RHC	Rural		◆	◆	◆		◆	
	49. Chilubi Island RHC	Rural	◆[2]	◆	◆	◆	◆		
	50. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			**17**	**50**	**50**	**50**	**17**	**27**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Solwezi	1. Solwezi UHC	Urban	◆2	◆	◆	◆	◆3		
	2. Solwezi GH	Urban	◆2	◆	◆	◆	◆3		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆1	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
Kabompo	19. Kabompo DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	20. St. Kalemba (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	21. Mumbeji RHC	Rural		◆	◆	◆		◆	⦿1
	22. Kasamba RHC	Rural		◆	◆	◆		◆	
	23. Kabulamema RHC	Rural		◆	◆	◆			
	24. Dyambombola RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
	26. Kashinakazhi RHC	Rural		◆	◆	◆			
Zambezi	27. Zambezi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	28. Zambezi UHC	Urban			◆	◆		◆	
	29. Mize HC	Rural		◆	◆	◆		◆	
	30. Chitokoloki (CHAZ)	Urban	◆1	◆	◆	◆	◆3		
	31. Mukandakunda RHC	Rural		◆	◆	◆			
	32. Nyakulenga RHC	Rural		◆	◆	◆			
	33. Chilenga RHC	Rural		◆	◆	◆			
	34. Kucheka RHC	Rural		◆	◆	◆			
	35. Mpidi RHC	Rural		◆	◆	◆			
Mwinilunga	36. Mwinilunga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	37. Kanyihampa HC	Rural		◆	◆	◆		◆	
	38. Luwi (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	39. Lwawu RHC	Rural		◆	◆	◆			
	40. Nyangombe RHC	Rural		◆	◆	◆			
	41. Sailunga RHC	Rural		◆	◆	◆			
	42. Katyola RHC	Rural		◆	◆	◆			
	43. Chiwoma RHC	Rural		◆	◆	◆			
	44. Lumwana West RHC	Rural		◆	◆	◆			
	45. Kanyama RHC	Rural		◆	◆	◆			
Ikelenge	46. Ikelenge RHC	Rural		◆	◆	◆		◆	⦿1

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kafweku RHC	Rural		◆	◆	◆			
Mufumbwe	48. Mufumbwe DH	Rural	◆1	◆	◆	◆	◆3		⦿1
	49. Matushi RHC	Rural		◆	◆	◆		◆	
	50. Kashima RHC	Rural		◆	◆	◆			
	51. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
Chavuma	52. Chiyeke RHC	Rural	◆1	◆	◆	◆	◆3		⦿1
	53. Chivombo RHC	Rural		◆	◆	◆		◆	
	54. Chiingi RHC	Rural		◆	◆	◆		◆	
	55. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	56. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	57. Kasempa UC	Urban	◆1	◆	◆	◆	◆3		⦿1
	58. Nselauke RHC	Rural		◆	◆	◆		◆	
	59. Kankolonkolo RHC	Rural		◆	◆	◆			
	60. Lunga RHC	Rural		◆	◆	◆			
	61. Dengwe RHC	Rural		◆	◆	◆			
	62. Kamakechi RHC	Rural		◆	◆	◆			
	63. Mukunashi RHC	Rural		◆	◆	◆			
Totals			**12**	**62**	**63**	**63**	**14**	**20**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿1 **MC services initiated**	**3 = Referral laboratory for CD4**

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
Kitwe	13. Company Clinic	Urban	◆	◆	◆	◆	◆[3]		
	14. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	16. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	17. SOS Medical Centre	Urban	◆		◆	◆	◆[3]		
	18. Tina Medical Center	Urban	◆	◆	◆	◆	◆[3]		
	19. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	20. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	21. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
Kalulushi	22. CIMY Clinic	Urban	◆		◆	◆		◆	
Chingola	23. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
Mpongwe	24. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
Luapula Province									
Mwense	25. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
North-Western Province									
Solwezi	26. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
	27. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⦿[1]
	28. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
	29. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
	30. Lifesave Medclinic	Urban	◆	◆	◆	◆		◆	
Totals			**23**	**26**	**30**	**30**	**20**	**17**	**3**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**